

D2.1 - SURVEY REPORT

WP2 – GENERAL ANALYSIS OF CURRENT SITUATION

This report presents the results of Sports4Fun (S4F) project Work Package 2 (WP2), which investigates about health-enhancing physical activity (HEPA) and participation dynamics across Italy, Greece, Slovenia and Türkiye.

July 2025

ISIG

Istituto di Sociologia Internazionale
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EXECUTIVE SUMMARY

This report presents the results of Sports4Fun (S4F) project Work Package 2 (WP2), which investigates about health-enhancing physical activity (HEPA) and participation dynamics across Italy, Greece, Slovenia and Türkiye. The main objective of WP2 involved studying physical (in)activity patterns to create inclusive pilot activities for WP3.

The research design used a mixed-methods approach which combined extensive online survey data with targeted qualitative data collection through focus groups and interviews targeted at vulnerable groups. The research gathered more than 1,000 survey responses, complemented by 1 focus group and over 25 interviews conducted in three countries. The research design provided detailed information about HEPA barriers and motivations and needs particularly for vulnerable groups including elderly persons, women and girls, migrants, people with disabilities and low-income individuals.

KEY FINDINGS

The research identifies two distinct profiles of (in)active individuals based on their age and health status. Youth between 18- and 34-years old show higher activity levels in both Türkiye and Slovenia yet older adults with chronic conditions demonstrate the lowest activity rates across all countries. Women face unique cultural barriers that restrict their participation in both Türkiye and Italy. People with disabilities encounter structural barriers because physical spaces remain inaccessible while adapted programmes are scarce.

The main drivers for physical activity include accessible and affordable facilities together with structured programmes and social support networks. The main obstacles to physical activity include high costs together with time constraints and health issues and safety concerns and weak motivation levels. All countries share these trends but Slovenia places strong emphasis on HEPA social value and Türkiye faces significant affordability challenges.

All vulnerable groups encounter greater obstacles to HEPA participation because of structural barriers and social and cultural limitations. Women seek safe community-based activities while elderly people value peer support and migrants need culturally and linguistically accessible offers and persons with disabilities require inclusive infrastructure and trained staff and low-income individuals face challenges with affordability and access.

MAIN RECOMMENDATIONS FOR WP3 DESIGN

To translate WP2 findings into inclusive and effective pilot actions under WP3, the following recommendations are proposed:

- The project will target specific groups who face exclusion risks through country-specific target profiles which can be found in Annex 7.4 (“Needs-Based Co-Design Matrix”).
- The HEPA activities should focus on mental health, empowerment and basic fitness needs of users in their real-life situations and should include social and educational aspects to enhance user engagement.
- The programmes should focus on small-group activities that are gender-sensitive and have low barriers to entry in trusted community locations. The project should work with NGOs and local networks to achieve better reach and acceptance.
- The pilot offers should be modified to address local limitations which include transportation problems in rural Türkiye and safety risks in Greek cities and difficulties in habit formation among Italian and Slovenian elderly people.
- The WP3 co-design phase should utilise the detailed profiles and insights from WP2 through the Matrix to match identified needs with intervention strategies

1 INTRODUCTION

1.1 WP2 OBJECTIVES AND ROLE WITHIN THE PROJECT

Work Package 2 (WP2) plays a central role in the Sports4Fun (S4F) project by establishing the evidence base upon which the project's actions are designed. As defined in the Description of the Action, WP2 is responsible for providing a general analysis of the current situation concerning physical activity and healthy lifestyles across the four participating countries: Italy, Greece, Slovenia, and Türkiye.

The project aims to identify existing behaviours together with knowledge levels and attitudes and barriers to physical activity participation. WP2 relies on desk research combined with data collection across the 4 countries (i.e., online survey and qualitative data collection) to develop comprehensive insights about the current situation. The study investigates social economic and infrastructural elements which impact participation rates as well as the experiences of vulnerable and underrepresented groups.

The findings from WP2 guide WP3 to create specific interventions. The data collected in WP2 enables the creation of workshop and activity designs that promote healthy lifestyles through specific context-based recommendations. The findings from WP2 help identify main difficulties and promising opportunities for implementing the S4F model within long-term national and local strategies.

WP2 establishes a structured comparative framework through its mixed-methods research which enables the S4F project to achieve its goals of promoting inclusion, behavioural change and sustainable sports development throughout Europe.

As part of its contribution to the overall action, WP2 has delivered a comprehensive set of tools and findings to support the planning and implementation of pilot activities in the following phases of the project. These include:

- A standardised questionnaire on physical activity behaviours, barriers, and motivators, developed collaboratively with partners and finalised by Month 2 (Annex 7.1).
- Survey dissemination guidelines and partner instructions to support harmonised and inclusive data collection across countries (Annex 7.2).
- A tailored package of qualitative research tools, including scripts for interviews and focus groups, reporting templates, and guidance for engaging vulnerable groups (Annex 7.3).
- A consolidated baseline report combining both quantitative and qualitative insights (this document), submitted at Month 6 as the final deliverable for WP2.

1.2 SCOPE AND STRUCTURE OF THE REPORT

This report presents the results of Work Package 2 which evaluated existing physical activity patterns and challenges in the four participating countries. The document combines quantitative and qualitative data obtained during the first 6 months of the project to establish a foundation for WP3 pilot action development.

The report establishes five main objectives which include:

- Establishing baseline knowledge about physical activity patterns and challenges that exist in the 4 participating countries.
- Identifying common issues which impact vulnerable populations.
- Identifying elements which support participation and the factors that drive people to take part.
- Providing evidence-based suggestions which will help guide WP3 design work for both pilot interventions and workshops.
- Equipping partners with tools and methodologies for ongoing community-based research.

The report is structured as follows:

- Chapter 1 – Introduction: Outlines the objectives of WP2 and explains the scope and structure of the report.
- Chapter 2 – Methodological Framework: Describes the research design, data collection tools, sampling strategies, and ethical considerations.
- Chapter 3 – Main Findings: Presents country-specific findings for Italy, Greece, Slovenia, and Türkiye, organised into quantitative results and qualitative insights.
- Chapter 4 – Cross-Cutting Reflections and Recommendations for WP3: Synthesises the key insights across countries and outlines strategic considerations for the design of inclusive interventions in WP3.
- Chapter 5 – Conclusions and Next Steps: Summarises the findings and outlines their implications for the next phases of the project.
- Chapter 6 – References: Lists all sources consulted during the research.
- Chapter 7 – Annexes: Includes the full questionnaire, informed consent form, survey dissemination guidelines, qualitative data collection guidance, and reporting templates used by project partners.

1.3 COUNTRY CONTEXT

1.3.1 ITALY – A SNAPSHOT

Italy shows challenging conditions for physical activity promotion because of its high sedentary behaviour rates and significant geographic variations. The ISTAT reports that 35 % of Italians aged 3 years and over were completely sedentary in 2023 and the South had 47.5 % sedentary population while the North had 24.3 % (ISTAT, 2024 a).

The understanding of exercise health benefits exists widely among people yet behavioural change continues to face an ongoing knowledge-behaviour gap. The three main categories of barriers include environmental factors such as insufficient safe green and public spaces and architectural barriers from limited accessibility and poor facility maintenance and economic barriers that stem from the uneven sports infrastructure distribution according to the UISP–SVIMEZ 2023 survey on facility supply (UISP–SVIMEZ, 2023).

The data shows that women make up 38.8% of sedentary individuals whereas men represent 31% of the sedentary population and women's participation in physical activities decreases dramatically with age, according to ISTAT (2024 a) and CONI (2024).

The National Recovery and Resilience Plan has introduced public health initiatives and investments which resulted in a slight reduction of sedentariness from 36.3% in 2022 to 35% in 2023 but the progress remains unbalanced between different regions and population groups (ISTAT, 2024 b). The achievement of targeted inclusive interventions which address territorial and demographic inequalities remains essential.

Ultimately, main challenges and key trends are:

- High national sedentariness.
- North–South inequalities in facilities and participation.
- environmental, architectural and economic barriers.
- gender gaps shaped by socio-cultural roles.
- limited behavioural change despite broad awareness.

1.3.2 GREECE – A SNAPSHOT

Physical inactivity continues to be a major public health issue in Greece mainly affecting adults and women. The WHO Europe (2013) reports that many people want to engage in sports and active lifestyles, but their participation is limited by motivational issues and insufficient awareness of available opportunities and low social encouragement.

The situation is worse in low-income communities because of economic constraints which restrict access to sports services and programmes (ELSTAT, 2022). The participation in physical activity decreases significantly after the age of 35 and married individuals and parents show the least interest in sports (Papadimitriou & Karteroliotis, 2020).

Gender disparities are especially pronounced. Women face additional constraints including caregiving responsibilities, limited time, and lower self-confidence that contribute to reduced participation in sport and exercise (WHO Europe, 2013; Frontiers in Public Health, 2022).

The national strategies for promoting health-enhancing physical activity (HEPA) have been fragmented and short-term and lack systemic support mechanisms for their implementation. There are few sustained initiatives that target vulnerable or underrepresented groups (WHO Europe, 2013). Additionally, regional disparities in public investment and infrastructure availability persist, further impacting participation levels.

Ultimately, main challenges and key trends are:

- Declining physical activity with age.
- Motivational, informational, and economic barriers.
- Fragmented implementation of national HEPA policies.
- Gender inequalities in participation and access.
- Uneven regional infrastructure and outreach.

1.3.3 SLOVENIA – A SNAPSHOT

The Slovenian population maintains a strong tradition of physical exercise because the country operates a complete national infrastructure, while SLOfit surveillance system plays an essential role. The adult population faces substantial obstacles in their physical activity levels. The WHO 2021 factsheet reveals that 69% of Slovenian adults fail to meet physical activity recommendations because of urbanization and changing work patterns (WHO, 2021; Lands, 2023).

The SLOfit system tracks children's physical and motor development through annual assessments since its establishment in the 1980s. The SLOfit system serves as a model for adult fitness programs and public health initiatives through its national data collection (Jurak et al., 2022; WHO, 2021).

Physical activity levels decrease dramatically as people age while women show lower activity rates than men throughout middle and older age groups. The transition to adulthood marks a vital point where new obstacles emerge because of time limitations and work-related sedentary tasks and decreased spontaneous movement (WHO, 2021; OECD & WHO, 2023).

The Slovenian government has built a solid base through its environmental and architectural investments which include green spaces and municipal fitness centres and workplace HEPA initiatives such as “Fit for Work.” The challenge lies in maintaining adult participation while ensuring equal access to physical activity opportunities throughout different communities (WHO, 2021).

Public health data shows that 22.8% of women and 21.6% of men in the country suffer from obesity while 8% of adults have diabetes which is lower than EU averages but remains a major issue (Global Nutrition Report, 2023; IDF, 2021). Ultimately, main challenges and key trends are:



- High rates of insufficient physical activity among adults.
- Sharp decline in physical activity after adolescence.
- Persistent gender disparities in participation.
- Urbanisation- and lifestyle-related barriers.
- Notable obesity and diabetes rates despite strong infrastructure.

1.3.4 TÜRKİYE – A SNAPSHOT

The Turkish government has dedicated substantial funds to sports infrastructure development through the establishment of 300 youth centres and 2000 neighbourhood sports fields. The Ministry of Youth and Sports (2022) indicates a strong national dedication to promote physical activity and healthy lifestyles.

The community participation rates remain low especially among young people. The research conducted by Özneden et al. (2015) shows that football participation among children between 10–17 years old reaches 13.7% and basketball and volleyball participation reach only 4.1% thus indicating a gap between infrastructure development and youth participation (Özneden et al., 2015).

The physical activity levels among adult population show alarming signs. The WHO EMRO (2024) data shows that 40% of adults in Türkiye fail to reach recommended activity levels with women and older adults showing the highest rates of inactivity. The health statistics show that 32.1% of adults are obese while 66.8% are overweight and approximately 11% have diabetes which positions Türkiye above European averages for health risks related to lifestyle (GBD Obesity Observatory, 2023; Cities for Better Health – Istanbul, 2024).

The following obstacles prevent wider participation especially among youth from low-income and marginalised communities:

- Youth centres are situated in distant areas from underserved neighbourhoods according to Özneden et al. (2015).
- The high costs of transportation prevent many families from accessing sports activities (Özneden et al., 2015).
- Public programmes primarily focus on football while providing limited structured activities for athletics and individual sports (Özneden et al., 2015).

While Türkiye's sport-for-all vision is backed by strong institutional support, efforts need to be complemented by inclusive programming, accessibility improvements, and engagement strategies tailored to diverse population groups.

Ultimately, main challenges and key trends are:

- Low youth engagement despite substantial infrastructure development.
- High adult inactivity, especially among women and older adults.
- Elevated rates of obesity, overweight, and diabetes.
- Geographic and financial barriers to participation.
- Over-reliance on football programmes at the expense of diverse sporting options.

2 METHODOLOGICAL FRAMEWORK AND RESEARCH DESIGN

2.1 RESEARCH OBJECTIVES AND QUESTIONS

Work Package 2 (WP2) provides the empirical basis for the Sports4Fun (S4F) project. It is designed to gather data on physical activity behaviours, motivations, and barriers across the four partner countries (Italy, Greece, Slovenia, and Türkiye) to support the development of tailored interventions in WP3.

Initially conceptualised as a survey-based assessment, WP2 scope has been expanded, during the first months of the project, so to incorporate a mixed-methods approach. This methodological adaptation responded to two key considerations:

- The challenge of reaching the initially foreseen 400 questionnaire responses per country, especially among underrepresented or hard-to-reach groups.
- The need for a deeper understanding of the experiences, barriers, and motivations of specific groups, which quantitative data alone might not adequately capture.

As a result, the research design of WP2 used quantitative data collection through an online standardised questionnaire together with qualitative research methods that included semi-structured interviews and focus groups. The research design allowed for detailed exploration of context-specific factors while enabling data triangulation between different methods and countries.

The research pursued the following core objectives:

- To assess physical activity patterns and behaviours across different countries and demographic groups.
- To identify key barriers and motivators to participation in sports and health-enhancing physical activity (HEPA), including economic, social, infrastructural, and psychological factors.
- To explore the specific needs and constraints of vulnerable or underrepresented groups (such as women, low-income individuals, migrants, and persons with disabilities) in relation to sport and healthy lifestyles.
- To provide evidence-based input for the co-design of inclusive and sustainable interventions in WP3.

These objectives were operationalised through a set of guiding questions reflected directly in the research tools:

- What are the current habits and levels of engagement in physical activity (frequency, duration, and type)?
- What motivates or prevents respondents from engaging in physical activity?
- How do respondents perceive access to sport infrastructure and opportunities in their communities?
- What is the role of awareness, health perceptions, and social encouragement in shaping behaviour?
- What challenges or barriers are faced by vulnerable groups, and how do these vary by context?

The integration of standardised survey data with qualitative inputs enabled WP2 to develop a more comprehensive understanding of participation dynamics. The research provides both current trends and practical foundations for developing future actions that match local conditions and population requirements.

2.2 QUANTITATIVE RESEARCH ACTIVITIES

The quantitative component of WP2 was designed to establish a baseline understanding of physical activity behaviours, motivations, and barriers across the four project countries. It aimed to ensure comparability across national contexts while offering sufficient flexibility to account for local specificities.

2.2.1 DESCRIPTION OF THE QUESTIONNAIRE

The Sports4Fun project used a standardised questionnaire which ISIG and project partners developed through joint collaborative work and multiple iterations. The questionnaire was designed in English and translated by project partners in Italian, Greek, Slovenian and Turkish to make it accessible to all project participants.

The tool includes 11 closed-ended questions grouped in two main sections:

- The first section is focused on demographic information (age, gender, employment status and residential location).
- The second section of the survey investigates physical activity levels and healthy lifestyle practices by asking respondents about exercise frequency, barriers and motivations, health benefit understanding and environmental support for active living.

The survey design aimed to include all population groups while remaining easy to understand and matching the project's objective to reach diverse community members especially those who are vulnerable or underrepresented

2.2.2 TARGET POPULATION AND SAMPLE PER COUNTRY

The survey targeted the general adult population (18+) with a particular focus on the key groups identified at proposal stage:

- Youth and students
- Women and girls
- Elderly individuals
- People with disabilities
- Migrants and minority groups
- Low-income communities

Each project partner was tasked with collecting ideally 400 responses in their respective country (Italy, Greece, Slovenia, and Türkiye). The sampling strategy aimed to ensure a balanced representation of gender, age groups, education levels, employment status, and community contexts.

Although the initial proposal foresaw a target of approximately 400 responses per country, early feedback from partners indicated that this would likely be difficult to achieve in all contexts. Nevertheless, the final sample included a diverse range of respondents, allowing for a meaningful preliminary analysis of behavioural trends and barriers to participation. The actual number of responses collected per country is reported in Chapter 3.

2.2.3 SURVEY DISSEMINATION STRATEGY

The primary method of data collection was through the SurveyMonkey online platform (ISIG institutional account).

Dedicated survey links and QR codes have been produced for each language version so to facilitate direct access by local respondents. Moreover, a printable PDF version of the questionnaire was also made available to partners upon request to support offline administration in contexts where digital access was limited.

Furthermore, to support inclusive and harmonised survey dissemination, the coordination team at ISIG developed a set of internal Survey Dissemination Guidelines (Annex 7.2). These included:

- Instructions for online promotion via institutional websites, social media, and newsletters.
- Recommendations for outreach to vulnerable or underrepresented groups, including through civil society organisations, municipalities, and community mediators.

- A communication template and multilingual materials for dissemination.
- A timeline for national-level implementation.

Partners were encouraged to use snowballing strategies and direct engagement with local networks to ensure coverage beyond digitally connected audiences.

2.2.4 INFORMED CONSENT AND ETHICAL CONSIDERATIONS

The survey was designed in full compliance with the General Data Protection Regulation (GDPR). Before starting the questionnaire, participants were presented with a Privacy Information Sheet and Consent Form, which included:

- Purpose of the survey.
- Assurance of voluntary participation.
- Duration (estimated at 15 minutes).
- Data protection measures (anonymity, secure storage, use in aggregate form).
- Participant rights regarding data access, rectification, and objection.

Only respondents who gave their informed consent were able to proceed with the survey.

2.2.5 DATA COLLECTION PROCESS

The data collection process followed a phased and monitored approach to ensure inclusiveness, coverage, and response quality across countries.

- Survey launch: 1 April 2025
- Initial closing date: Early May 2025
- Extension period: Until 20 June 2025, based on interim monitoring and response trends
- Final data collection deadline: 30 June 2025
- Report finalisation and submission: Mid-July 2025 (2-week extension granted for analysis and drafting)

ISIG established a monitoring system during the administration period to track response progress at the country level. The partners received regular updates showing the number of collected responses together with demographic coverage and representation gaps. The system enabled real-time adjustments and targeted dissemination efforts to achieve maximum inclusivity and representation of the identified target groups.

2.3 QUALITATIVE RESEARCH ACTIVITIES

As already noted, the qualitative research component served to enhance survey results by providing detailed insights about how vulnerable groups experience sport and healthy life-styles. The mixed-methods research design enabled the project to study both extensive and detailed aspects across various social and cultural environments.

2.3.1 TARGETED GROUPS AND RATIONALE FOR QUALITATIVE ENRICHMENT

In line with the project's inclusive goals, each partner was encouraged to select one or more vulnerable groups—based on national priorities, access, and relevance—to conduct either interviews or focus groups. This allowed for a deeper understanding of the challenges and enabling factors faced by individuals often underrepresented in mainstream physical activity programmes. The targeted groups per country were:

In Italy, the research was developed through 3 interviews, focusing on the following groups: women who have had oncological illnesses especially breast cancer survivors (AN-DOS association interview), children and youth with disabilities together with their support networks including coaches through Baskin's inclusive basketball model, professionals from UISP who work with vulnerable populations.

In Slovenia, the focus group was targeted to elderly women, many of whom were retired and experiencing physical or social isolation, participated in a focus group supported by local community centres and facilitators.

The Turkish team used a multi-layered approach and tailored outreach with support from NGOs and sports actors. The research included more than 20 semi-structured interviews with a diverse range of participants who belonged to:

- Women and girls from low-income backgrounds.
- People with disabilities.
- Youth from rural areas.
- Professionals working with migrant populations.

2.3.2 FOCUS GROUP AND INTERVIEW METHODOLOGY

The activities followed a unified methodology created by ISIG which included consent templates, discussion scripts and reporting templates. The methodology provided flexibility while maintaining basic common standards between countries.

Each activity maintained ethical standards through prior consent and response confidentiality and voluntary participant requirements. The sessions spanned between 45 to 90 minutes with trained moderators who maintained GDPR-compliant anonymised reporting.

Partners selected either focus groups (Slovenia) or interviews (Italy and Türkiye) based on feasibility while prioritising participant comfort and achieving in-depth input.

2.3.3 COUNTRY-SPECIFIC CUSTOMISATIONS AND LIMITATIONS

- Italy: The small target group size led partners to select stakeholder-based interviews. The interviews delivered detailed information which helped researchers understand health-related sports needs and inclusive methods and motivational obstacles.
- Slovenia: A single focus group was conducted with elderly women in Slovenia. The session was well-documented and included feed-back from local facilitators.
- Türkiye: The team conducted more than 20 interviews which exceeded the initial expectations. The team used their existing networks to achieve extensive outreach which demonstrated their strong commitment to qualitative exploration. The large number of diverse respondents created difficulties in organising their feedback into neat clusters.

The results of these qualitative activities are detailed in Chapter 3 and are instrumental in shaping inclusive and context-sensitive recommendations for Work Package 3.

3 MAIN FINDINGS

The following sections aim to illustrate an overview of main findings in each project country, integrating quantitative and qualitative insights to provide a layered understanding of physical activity behaviour and context.

The section is structured so to provide, per each country, main insights resulting from the quantitative data analysis (i.e., survey results), followed by a section focusing on the qualitative gathered insights. As explained in chapter 2, the qualitative data gathering has been implemented through interviews and focus groups, targeted to specific vulnerable groups, according to the specificities of the context at hand.

3.1 ITALY – RESULTS OVERVIEW

3.1.1 SURVEY RESULTS IN ITALY

3.1.1.1 The sample

In Italy, 156 valid questionnaires have been collected through the online platform. About the same proportions of respondents, between 14,1% and 17,9%, are distributed in four age groups from 18 to 54 years of age; the age group over 54 years is the most represented, with 37,8% of respondents.

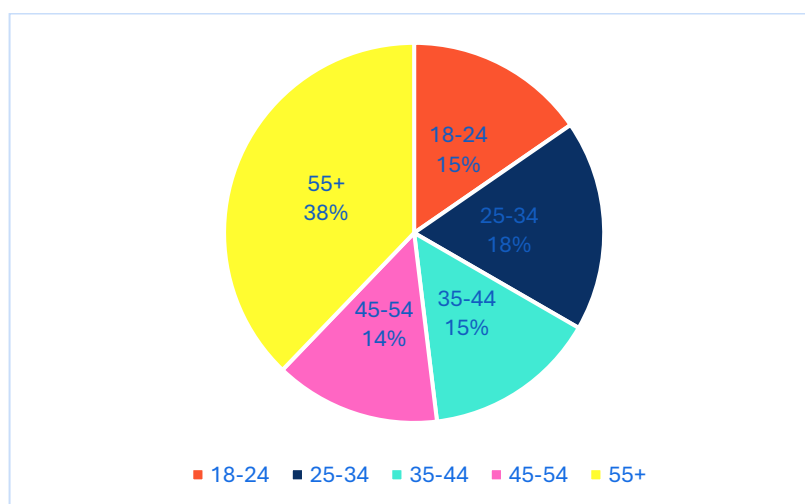


Figure 1 Percentage distribution of respondents by age (n=156)

Just 6 respondents refrained from declaring their occupation, while almost two thirds of the sample are employed. Students are the less represented category and constitute 10% of the sample.

With only 1 respondent identifying outside a binary interpretation of gender, the sample appears balanced between men (50,6%) and women (48,7%).

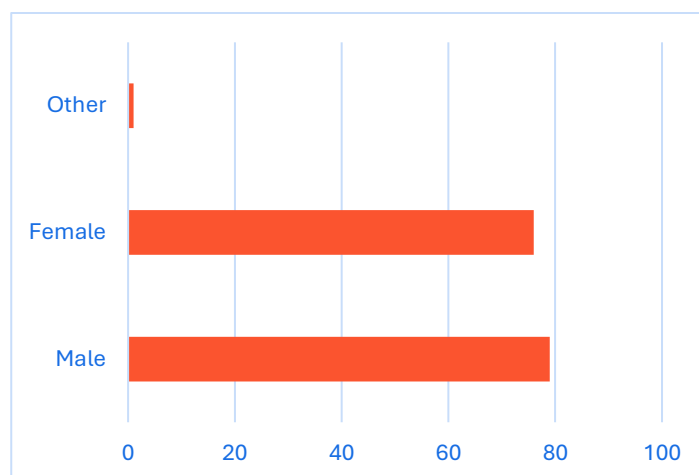


Figure 2 Respondents per gender (absolute values, n=156)

Almost half of the respondents live in cities (46,8%) and the remaining are evenly distributed between the suburbs (26,3%) and the countryside (26,9%).

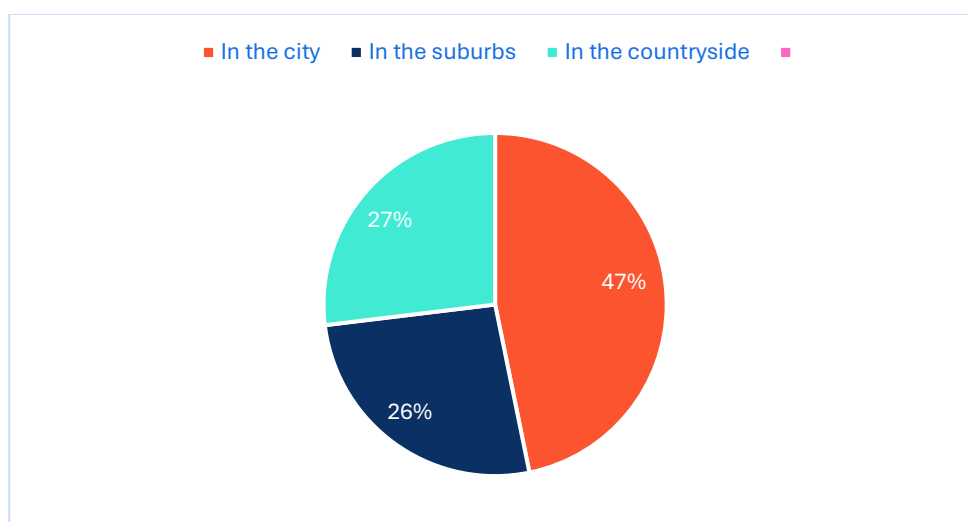


Figure 3 Percentage distribution of respondents by type of residence (n=156)

3.1.1.2 Effective engagement in physical activities

About 12% of the respondents practice physical activity at most 1-2 times a month. The most common frequency (33,8%) is 3-4 times a week. About 30% exercise 1-2 times per week and those who practice physical activity five or more times a week are about 16%.

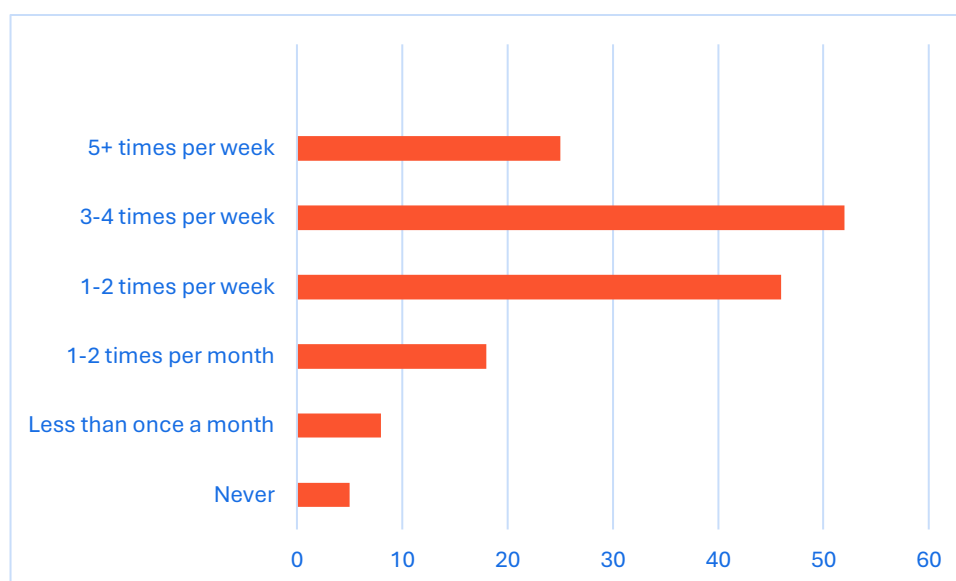


Figure 4 Frequency of physical activity (absolute values, n=154)

The most active members of the sample are the older ones, those over 54 years of age, 20% of whom engage in physical activity 5 or more times a week. The younger people, aged 18 to 24, typically engage in physical exercise 1-2 times (39.1%) or 3-4 times (30.4%) per week.

Looking at the frequency of engagement in relation to gender, the highest declared frequency is 3-4 times per week among both men (37.2%) and women (30.7%). However, the highest frequency, of 5 and more times per week, is reached by women (20%) rather than by men (12.8%), as it occurs for the lowest frequency, never or less than once a month, which is declared by 6.4% of men and by 10,7% of women.

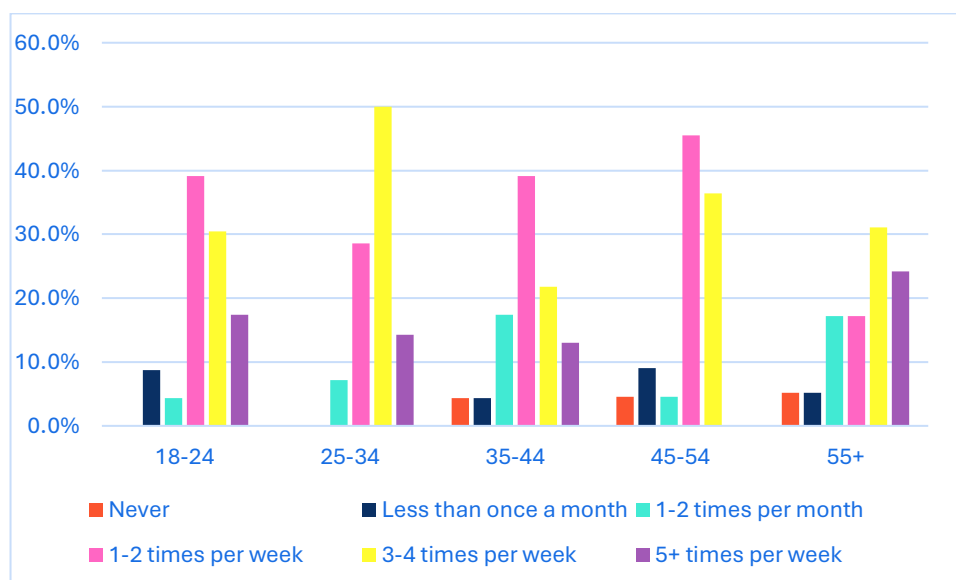


Figure 5 Distribution of respondents by age group and by frequency of physical activity

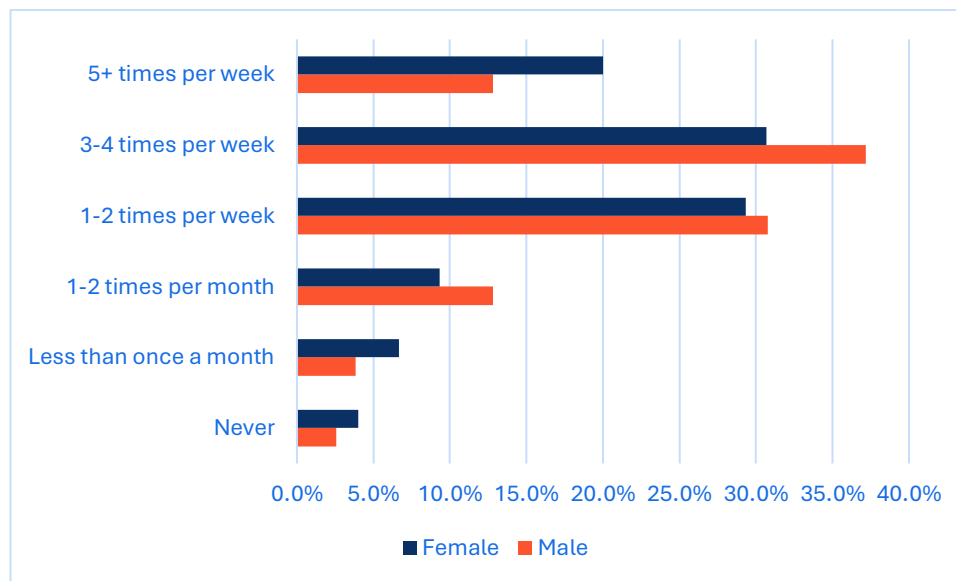


Figure 6 Distribution of respondents by gender and by frequency of physical activity

With reference to employment status, the highest frequency for students and employed people is found in a very similar way around 1-2 and 3-4 times per week, with unoccupied people clustering more around 3-4 times per week and 1-2 times per month.

How often do you engage in physical activity	employment situation			Total
	Student	Occupied	Unoccupied	
Never	0	3	2	5
	0,0%	3,0%	5,7%	3,4%
Less than once a month	1	5	2	8
	7,1%	5,1%	5,7%	5,4%
1-2 times per month	1	9	8	18
	7,1%	9,1%	22,9%	12,2%
1-2 times per week	5	34	5	44
	35,7%	34,3%	14,3%	29,7%
3-4 times per week	5	32	12	49
	35,7%	32,3%	34,3%	33,1%
5+ times per week	2	16	6	24
	14,3%	16,2%	17,1%	16,2%
Total	14	99	35	148
	100,0%	100,0%	100,0%	100,0%

Table 1 – Distribution of respondents by frequency of physical activity and by employment situation

The frequency of physical engagement tends to be higher among people living in town: 60,2% of them exercise 3 or more times per week, while in the countryside the proportion is 45% and in the suburbs it drops to 36,6%. Very likely, the presence of dedicated structures also plays an important role in this behaviour.

How often do you engage in physical activity	Residence area			Total
	city	suburbs	countryside	
Never	2	1	2	5
	2,7%	2,4%	5,0%	3,2%
Less than once a month	3	3	2	8
	4,1%	7,3%	5,0%	5,2%
1-2 times per month	10	5	3	18
	13,7%	12,2%	7,5%	11,7%
1-2 times per week	14	17	15	46
	19,2%	41,5%	37,5%	29,9%
3-4 times per week	29	10	13	52
	39,7%	24,4%	32,5%	33,8%
5+ times per week	15	5	5	25
	20,5%	12,2%	12,5%	16,2%
Total	73	41	40	154
	100,0%	100,0%	100,0%	100,0%

Table 2 – Distribution of respondents by frequency of physical activity and by residence area

When requested to motivate the reasons for their pattern of commitment to physical activity, some people give more than one ground for their behaviour: in fact, 156 respondents gave a total of 186 answers. The more frequently alleged behavioural ground is “lack of time”, which covers 57% of collected answers and comes from 70,2% of persons. The second reason, but stated with much less frequency, is a “lack of motivation”, admitted by 29.1% of the respondents. Personal conditions (health, age, family) and financial constraints in accessing the sport facilities concern respectively 8,6% and 7.3% of the sample.

Reasons for limited physical activity	Responses		% of cases (n = 156)
	N	%	
lack of time	106	57.0%	70.2%
financial constraints	11	5.9%	7.3%
lack of motivation	44	23.7%	29.1%
no suitable facility nearby	5	2.7%	3.3%
Health/age/family conditions	13	7.0%	8.6%
I do enough	7	3.8%	4.6%
Total	186	100.0%	123.2%

Table 3 – Percentage distribution of respondents by declared reasons for limited physical activity

The lack of time is resented more by more than 80% of the groups aged between 25 and 54 years (very likely, those who are fully engaged in their professional activity and career) and is a problem for about 61% of the youngest generation. On the other hand, the group aged 35-44 years is the more affected by missing motivation (47,6%).

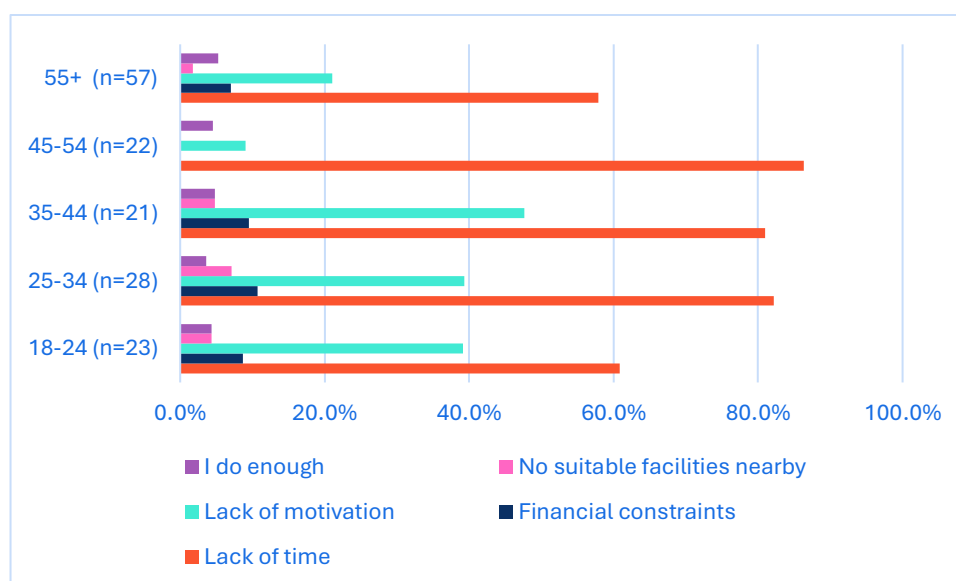


Figure 7 Distribution of respondents by age group and by declared reasons for limited physical activity

With reference to gender, women are more affected by the limited time than men and feel, at the same time, proportionally less motivated and more limited by family conditions.

Missing time is the excuse cited by approximately 80% of workers, but also by over 70% of students; lack of motivation affects all occupational categories, with percentages ranging between 28% and 31%.

Considering the area where the respondents live, lack of time is cited slightly more frequently by rural residents (73.8%) than by city residents (71.4%) and suburban residents (64,1%); the latter declare also a larger “missing motivation”.

These findings are confirmed by the opinion about the environment in the residence area, in terms of support for an active lifestyle (suggested examples for the evaluation were safe parks, sports facilities, walkable streets, cycle paths).

About 39% of the respondents evaluate their environment as fully supportive of an active lifestyle, while about 53% ask for improvements, but just about 8% complain about lack of facilities, which were not frequently mentioned among the reasons for not performing physical activities.

In any case, personal security is not an issue for the interviewees.

Supportive environment in the residence area	Frequency	Percent	Valid percent
Yes, fully	62	39,7	39,7
Somewhat, but improvements are needed	82	52,6	52,6
No, my area lacks facilities for physical activity	12	7,7	7,7
Total	156	100,0	100,0

Table 4 – Percentage distribution of respondents by opinion on their living environment

The youngest age group (18-24 years of age) are the more vocal in underlining the need for improvement (about 71%); inside the age group of the aged 45-54 there is the largest proportion of people convinced of the total environmental adequacy (68,2%) or of the need for improvements (about 71%).

Men sound rather more positive than women in evaluating the suitability of their environment for physical activity: 49,4% of men, compared with 28,9% of women declare the environment in their living area as fully supportive for an active lifestyle.

However, comparing the responses of residents in the city, in the suburbs and in the countryside, the request for improvements is found in greater proportion among the inhabitants of the city and the suburbs.

More than half of the respondents in all working conditions indicate the opportunity for improvements in the local environmental organization.

3.1.1.3 Motivators for engagement / improvement in physical activities

More than one third of the sample never received from a health professional a suggestion to increase physical activity; the remaining are divided among those that do not follow a received suggestion (16.7%) and those who are compliant with the advice (35,3%).

Medical advice on physical activity		Frequency	Percent	Valid Percent
Valid	Yes, and I follow the advice.	55	35,3	35,3
	Yes, but I do not follow the advice.	26	16,7	16,7
	No, I have never received such advice.	75	48,1	48,1
Total		154	156	100,0

Table 5 – Percentage distribution of respondents by received medical advice

Contrary to what can be expected, the highest proportion of those who never received medical advice about the advisability of physical activity is not inside the youngest group, but inside the group aged 25-34 years of age.

less than other age groups (44,4%), but about 29% of them received an advice with which they are not compliant. The “elder” members of the sample, those aged over 45 years, look the more compliant with health suggestions (more than 40% among them).

Considering gender, women seem more compliant than men, since 40% of women conform to the prescription, compared to 29,4% among men; the non-compliance rate is about 28% for both genders.

The non-working and the employed members of the sample are compliant at a rate around 40%, non-compliance is the highest among students (about 36%).

Despite medical advice, the respondents appear to be duly convinced of the benefits apported by physical activity to the general wellness: about 68% declare to be very aware, and another 20% to be somewhat aware of this concept.

The positive belief is almost homogeneously spread across the “older” age groups, over 45 years of age: about 80% declare to be very or somewhat aware, while the youngest sound less informed/convinced, since the positive answer is given by about 70% of them.

Between genders, men seem slightly more "convinced" (about 92%) than women (about 87%) of the importance of physical activity.

		Frequency	Percent	Valid Percent
Valid	Very aware	105	68,2	68,2
	Somewhat aware	31	20,1	20,1



	Neutral	12	7,8	7,8
	Not very aware	6	3,9	3,9
	Total	154	100,0	100,0

Table 6 - Percentage distribution of respondents by awareness of health benefits

The respondents could find greater motivation to engage in physical activity if they found more "friendly" situations in sports facilities, which should be free or less expensive (36% of the responses from more than 46% of people) and more easily accessible (27,4% of the responses from 35.5% of people); however, one cannot ignore that some weight is attributed to the social support of relatives and friends and to structured training programs as facilitators for personal commitment .

Possible motivators toward increased physical activity	Responses		% of Cases (n=154)
	N	Percent	
availability/proximity of sport facilities	54	27,4%	35,5%
access to free/affordable sport facilities	71	36,0%	46,7%
encouragement from family/friends	23	11,7%	15,1%
knowledge of health benefits	17	8,6%	11,2%
structured training programs	20	10,2%	13,2%
reduction of time/health/family burden	12	6,1%	7,9%
Total	197	100,0%	129,6%

Table 7 - Percentage distribution of recognized possible motivations

The distribution of answers according to age, gender and occupational condition – and the consequent pattern of possible motivators – prioritizes availability and accessibility of sport facilities over other possible facilitators.

Distribution according to age highlights a lower interest among older age groups (over 45 years of age) in social support from family and friends, which seems more relevant for the younger age groups; as for genders, social support and structured training programs seem more relevant for women.

We can conclude that, according to our respondents and despite personal different positions, the improvement in commitment to physical activities can mainly come from an improvement in structures availability and/or the decrease in costs for use.

3.1.1.4 Potential training needs

Assuming that respondents have some interest in learning how to adopt a healthy lifestyle, a list of topics for future training sessions has been proposed for selection.

Rather surprisingly, the topic that receives the highest number of responses, both in terms of quantity of answers (36,7%) and number of respondents (57,21%), is “stress management and mental health”.

The requests for specific training on this topic come especially from people aged over 35 years of age (from 62,2 to 69,2%) and from both employed and unemployed respondents (about 66% and 61%), from women (59,4%).

Topics	Responses		% of Cases (n=154)
	N	Percent	
Physical activity benefits & training methods	30	12,7%	19,7%
Healthy eating and nutrition	66	27,8%	43,4%
Stress management and mental health	87	36,7%	57,2%
Active lifestyle into a busy schedule	54	22,8%	35,5%
Total	237	100,0%	155,9%

Table 8 - Percentage distribution of interest for proposed topics

The “second choice” of the respondents is for “healthy eating and nutrition”, that receives 27,8% of the choices from 43,46% of the people. Interest for learning on this topic comes mainly from youngest respondents (65,9% among the age group 18-24 years and even more so – 68,6% - among students) and from men (52%, the same proportion of men who request support for stress management).

Compared to the previous choices, it seems that help to improve the organization of daily life in a healthy way is not highly requested by the respondents: 22,8% of adhesion, expressed by 35,5% of people, go to future training sessions on “how to integrate an active lifestyle into a busy schedule”. This proposal is appealing to little less than half of the people aged 35-44 years, to women (36,6%) more than to men (34%), to occupied respondents (45,1%) rather than to students (31,4%).

“Physical activity benefits and training methods” are just the fourth choice of the respondents: 12,7% of answers coming from 19,7% of people. This is a larger concern for people aged from 35 to 44 years compared to other age groups, for men compared to women, for students compared with other occupational conditions.

3.1.2 QUALITATIVE INSIGHTS FROM ITALY

3.1.2.1 Introduction

This section presents a unified qualitative analysis based on three interviews conducted with Italian stakeholders in the field of inclusive sport. The respondents represent:

- ANDOS (National Association of Women Who Have Undergone Breast Surgery)
- Baskin Federation (wheelchair basketball, regional representation)
- UISP Gorizia (Italian Union of Sport for All)

The objective is to explore experiences, participation patterns, barriers, and enabling factors related to physical activity among vulnerable groups in Italy.

3.1.2.2 Methodology

The qualitative data presented in this report were collected through semi structured, open ended interviews conducted in June 2025 with three key organizations operating in the field of inclusive sports in Italy: ANDOS, the regional Baskin Federation, and UISP Gorizia. This methodological approach allowed each organization to freely reflect on their experiences, practices, and observations concerning physical activity among vulnerable groups. A thematic analysis was applied to identify recurring patterns and needs, with particular attention to structural barriers, motivational factors, and enabling conditions.

The perspectives gathered represent a diverse participant profile, encompassing both direct beneficiaries and organizational actors. The respondents include program coordinators, athletes with physical disabilities, and community sports leaders. In terms of demographics, participants were predominantly female, spanning various age groups from adults and seniors (50+) to youth with



disabilities. Geographically, the scope of the insights ranges from national (ANDOS), to regional (Baskin), to local (Gorizia, through UISP), offering a multi-level understanding of challenges and opportunities related to sport accessibility in Italy.

3.1.2.3 Key Findings from qualitative analysis

- Current Physical Activities:
 - Gentle gymnastics (pool and on-site)
 - Dragon boat (ANDOS flagship sport)
 - Wheelchair basketball (competitive/adaptive)
 - Urban walks, biodance, bocce (bowls), artistic groups (UISP)
- Frequency of Activities:
 - Regular weekly engagement for many participants
 - Flexible or occasional involvement depending on motivation, health, and logistics
 - Some attend only special events or seasonal courses
- Perceived Benefits
 - Physical: Recovery after surgery, lymphedema prevention, improved strength and endurance
 - Psychological: Higher self-esteem, emotional balance, renewed motivation
 - Social: Reduced isolation, peer bonding, sense of inclusion
- Barriers to Participation:
 - Structural: Inaccessible gyms (e.g., no ramps, high floors), lack of adapted spaces
 - Economic: Expensive equipment (e.g., sports wheelchairs ~€5,000), travel, fees
 - Cultural/Motivational: Lack of awareness, family discouragement, undervaluation of non-competitive sport
 - Bureaucratic: Delayed institutional processes, limitations due to school privacy policies, undertrained staff
- Local-Level Challenges:
 - Insufficient infrastructure in public sports facilities
 - Limited public-private agreements for facility use
 - Lack of continuity in programs (due to project-based funding or limited staff)
 - Weak school–sport associations linkage
- Desired Physical Activities:
 - Group dance and social sports
 - Swimming, excursions, inclusive recreational events
 - Informative sessions on post-operative or disability-friendly exercise
- Reasons for Non-Participation:
 - Financial strain
 - Poor public transportation
 - Caregiving duties (especially for women)
 - Fear of judgment or exclusion (notably among youth with disabilities)
- Support Needs:
 - Agreements with sports facilities for reduced-cost access
 - Simple educational resources for vulnerable populations

- Transport and participation subsidies
- Psychological support for both athletes and families
- Motivational Factors:
 - Community and group belonging as primary driver
 - Visibility of success stories and real-life role models (e.g., Paralympians)
 - Increased autonomy and quality of life
- Expectations from Activities
 - Physical recovery and long-term health
 - Emotional release and confidence-building
 - Social inclusion and reactivation post-trauma
- Concerns and Fears
 - Injury risk or overexertion
 - Lack of tailored programs
 - Youth fearing exclusion or stigma due to disability
 - Fatigue or mental burnout (especially with competitive goals)
- Learning Interests:
 - Practical workshops for staff, teachers, and volunteers
 - Community health and prevention education (e.g., low-cost cardiovascular check-ups)
 - Interest in bite-sized visual learning formats

Moreover, by analysing the collected data, several cross-cutting themes emerged from the interviews, highlighting shared values and challenges across the organizations. Inclusivity stands out as a foundational principle: all three organizations actively promote mixed ability and cross-gender participation, ensuring that their activities are open and adaptable to diverse needs. A strong sense of group motivation also plays a central role, with social connection emerging as a key driver of consistent engagement and emotional well-being.

Despite this enthusiasm, a significant accessibility gap persists. Structural limitations and economic barriers often prevent broader participation, particularly among individuals from vulnerable backgrounds. Gender disparities further compound these challenges, as women especially caregivers report stronger constraints due to family responsibilities and societal expectations. Finally, a clear emphasis is placed on the need for a community centred approach: activities must be hyper-local, flexible, and responsive to the specific contexts and capacities of the people they aim to reach.

3.1.2.4 Recommendations for WP3 from qualitative insights in Italy

Finally, based on the findings, a set of practical recommendations can be outlined to improve access to sport for vulnerable groups.

First, it is essential to design inclusive, low-cost, community-based sports programs, such as open gyms, group walks, or activities adapted to individual abilities. To support this, local agreements with public and private facilities should be negotiated to ensure flexible and accessible spaces.

Training is another key component: short and accessible formats should be promoted preferably visual, experiential, or peer led to effectively engage both practitioners and participants. At the same time, storytelling campaigns should be developed to highlight successful inclusion stories, reinforcing personal motivation and social recognition.

To support local sports associations, administrative procedures should be simplified by introducing streamlined funding mechanisms and less burdensome contracts. Finally, it is important to promote sport in schools not only as physical activity but also as an educational and social tool, while ensuring transportation and support services that allow participation for those living in remote or disadvantaged areas.

The combined insights from ANDOS, Baskin, and UISP Gorizia confirm that physical activity can serve as a powerful lever for physical, psychological, and social well-being among vulnerable populations if accessible, inclusive, and rooted in community values. By addressing infrastructural, cultural, and economic gaps, the Sport4Future project can amplify its impact and ensure no one is excluded from the benefits of sport.

3.2 GREECE

3.2.1 SURVEY RESULTS IN GREECE

3.2.1.1 The sample

In Greece, 154 valid questionnaires have been collected through the online platform.

Just 2 people (1,3% of the sample) refrained from declaring their age; 29,2% of the respondents are young people, aged between 18 and 24 years, and the same proportion is aged between 45-54 years, while no person is present in the age group 25-34 years of age.

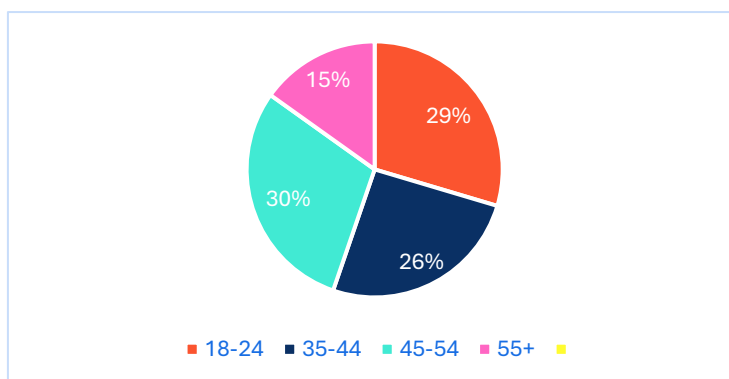


Figure 8 Percentage distribution of respondents by age (n=152)

More than half of the sample is made by employed people, the 23,4% are student and 12,3% are unoccupied; 8 people – 5,2% - decided not to declare their occupational condition.

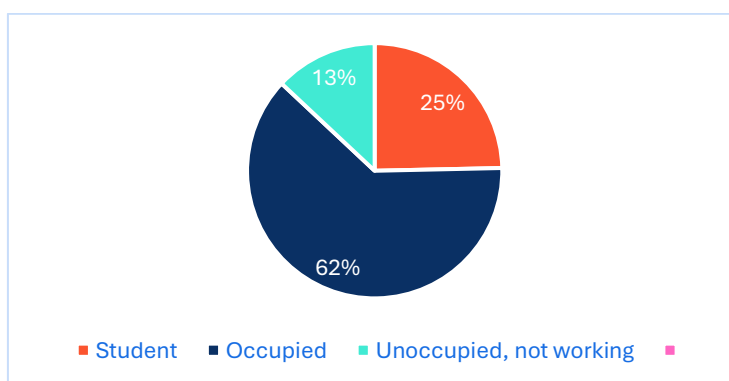


Figure 9 Percentage distribution of respondents by employment situation (n=146)

As for the gender of respondents, just 2 persons did not identify themselves with the binary gender categories; about one third of the sample declared themselves as "man" and two thirds as "woman".

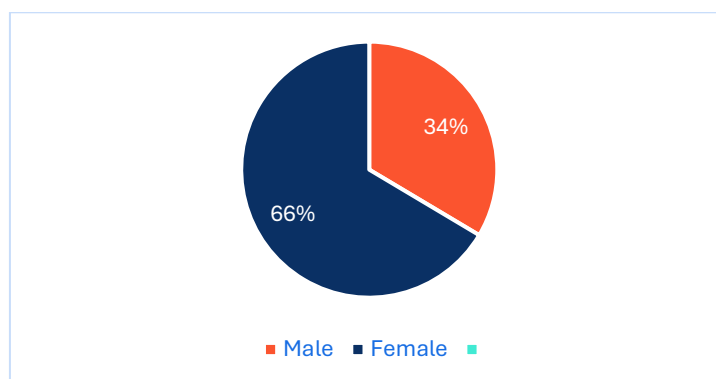


Figure 10 Percentage distribution of respondents by gender (n=152)

The absolute majority of respondents live in the city, while those who live in the suburbs or outside the city reach about 11% and 4% respectively; the small numbers limit the considerations regarding the two categories.

		Frequency	Percent	Valid Percent
Valid	In the city	131	85.1	85.1
	In the suburbs	17	11.0	11.0
	In the countryside	6	3.9	3.9
	Total	154	100.0	100.0

Table 9 – Percentage distribution of respondents by type of residence

3.2.1.2 Effective engagement in physical activities

About 17% of the respondents practice physical activity at most 1-2 times a month; the most common frequency (35,7%) is 3-4 times a week; about 29% exercise 1-2 times per week and those who practice physical activity five or more times a week are about 17%.

		Frequency	Percent	Valid Percent
Valid	Never	6	3.9	4.0
	Less than once a month	5	3.2	3.3
	1-2 times per month	15	9.7	9.9
	1-2 times per week	44	28.6	29.1
	3-4 times per week	55	35.7	36.4
	5+ times per week	26	16.9	17.2
	Total	151	98.1	100.0
Missing	System	3	1.9	
Total		154	100.0	

Table 10 – Percentage distribution of respondents by frequency of physical activity

Considering the frequency of physical activity in relation to age, the most active respondents are those aged over 45 years: about 56% of them are engaged 3-4 times per week or more, but the other age groups are only slightly below this level of commitment, reached by about 52% of their members.

Looking at the frequency of engagement in relation to gender, the highest declared frequency is 1-2 times per week among men (34%) and 3-4 times per week among women (41,4%); however, the highest frequency, of 5 and more times per week, is reached by men (20%) rather than by women (16,2%).

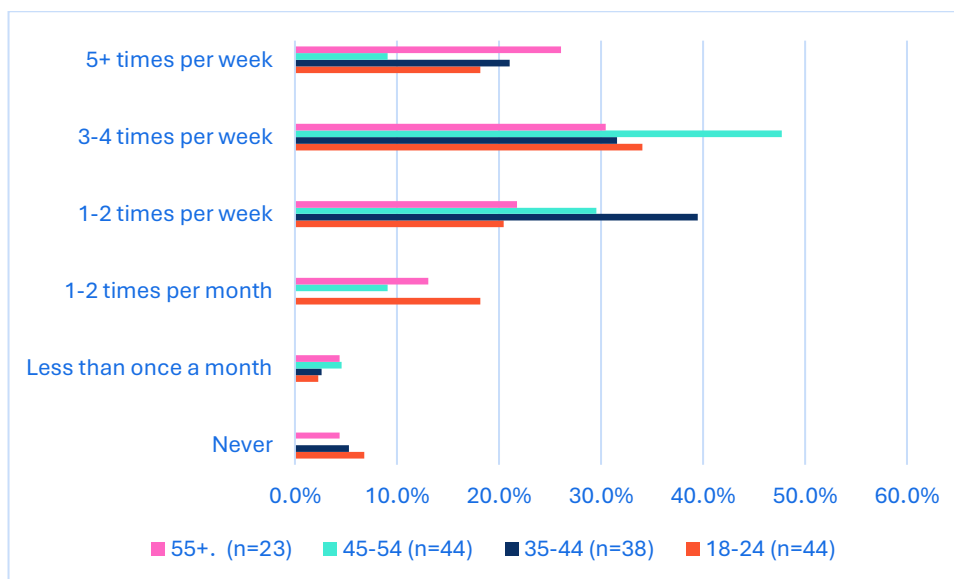


Figure 11 Distribution of respondents by age group and by frequency of physical activity

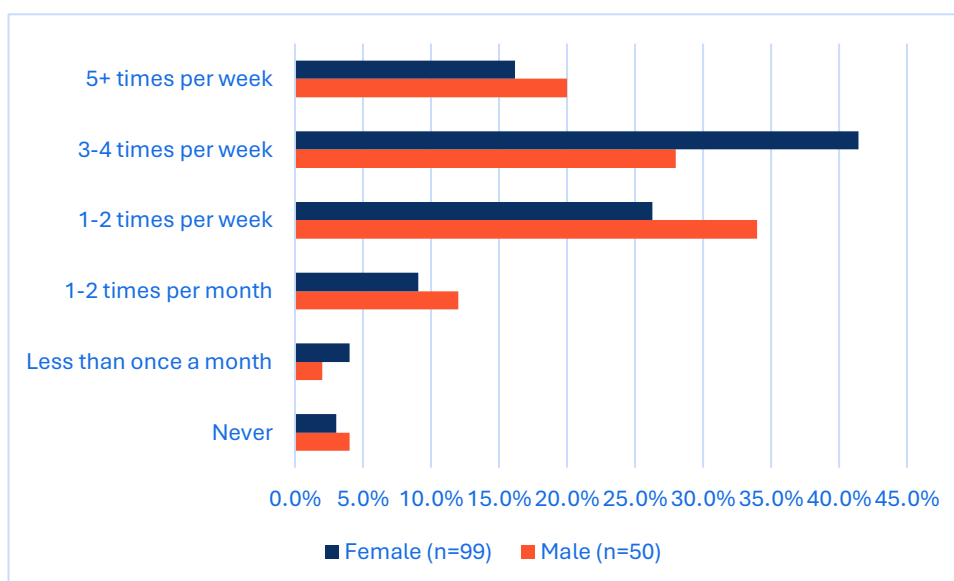


Figure 12 Distribution of respondents by gender and by frequency of physical activity

Even with reference to employment status, the highest frequency for all conditions is around 3-4 times per week, with unoccupied people slightly more active than workers and students; rather surprisingly, the latter seem to be the less inclined to engage.

How often do you engage in physical activity	employment situation			Total
	Student	Occupied	Unoccupied	
Never	2	2	2	6
	5,6%	2,2%	10,5%	4,2%
Less than once a month	1	4	0	5

	2,8%	4,5%	0,0%	3,5%
1-2 times per month	6	6	0	12
	16,7%	6,7%	0,0%	8,3%
1-2 times per week	11	29	4	44
	30,6%	32,6%	21,1%	30,6%
3-4 times per week	11	33	8	52
	30,6%	37,1%	42,1%	36,1%
5+ times per week	5	15	5	25
	13,9%	16,9%	26,3%	17,4%
Total	36	89	19	144
	100,0%	100,0%	100,0%	100,0%

Table 11 – Distribution of respondents by frequency of physical activity and by employment situation

Given the limited numbers of respondents living in the suburbs (17 people) and in the countryside (6 people), a comparison with city residents is not significative.

When requested to motivate the reasons for their pattern of commitment to physical activity, some respondents give more than one ground for their behaviour: in fact, 154 respondents gave a total of 194 answers.

The more frequently alleged behavioural ground is “lack of time”, which covers 56,2% of collected answers and comes from 70,8% of persons. The second reason, but stated with much less frequency, is a lack of motivation, admitted by 17,5% of the respondents. Financial constraints in accessing the sport facilities and proximity of available facilities concern approximately the same proportions, around 12% - 11% of people.

The lack of time is resented more by more than 80% of the groups aged between 35 and 54 years (very likely, those who are fully engaged in their professional career); on the other hand, young people are those more affected by missing motivation.

Reasons for limited physical activity	Responses		% of cases (n = 154)
	N	%	
lack of time	109	56.2%	70.8%
financial constraints	19	9.8%	12.3%
lack of motivation	27	13.9%	17.5%
no suitable facility nearby	17	8.8%	11.0%
Health/age/family conditions	12	6.2%	7.8%
I do enough	10	5.2%	6.5%
Total	194	100.0%	126.0%

Table 12 – Percentage distribution of respondents by declared reasons for limited physical activity

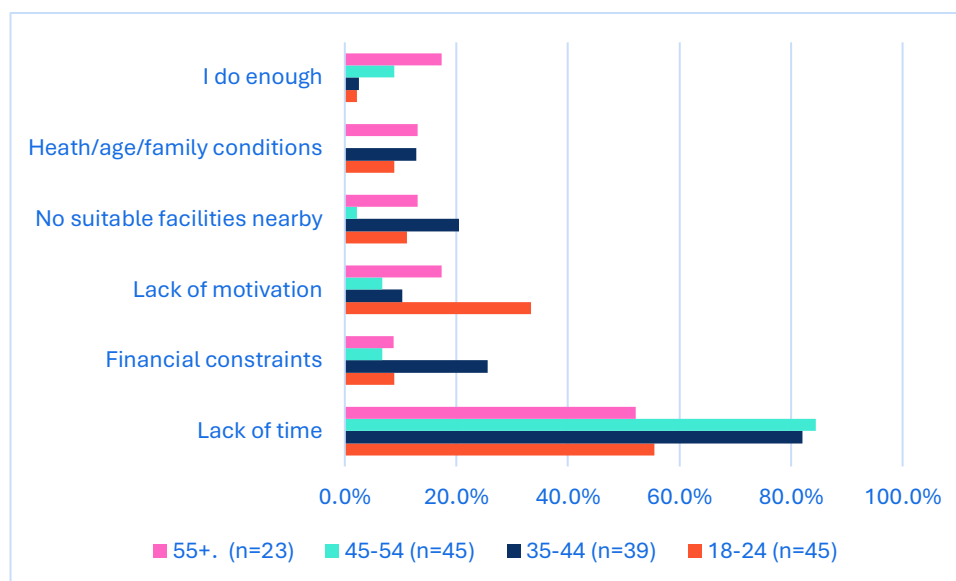


Figure 13 Distribution of respondents by age group & by declared reasons for limited physical activity

With reference to gender, men are more affected by the limited time than women, that in turn feel proportionally less motivated, more financially burdened and more limited by family conditions.

Considering the area where the respondents live, limited numbers do not allow comparisons among areas; however, it is worthy to underline that even in city the lack of suitable facilities is resented by 10% of the respondents.

These findings are confirmed by the opinion about the environment in the residence area, in terms of support for an active lifestyle (suggested examples for the evaluation were safe parks, sports facilities, walkable streets, cycle paths).

Just about 13% of the respondents evaluate their environment as fully supportive of an active lifestyle, while about 56% ask for improvements and 23% complain about lack of facilities; personal security is an issue for less than 8% of the respondents.

The youngest age group (18-24 years of age) are the more convinced of the total environmental adequacy (15,6% among them) or of the need for improvements (about 71%); the lack of facilities is resented more within the groups aged 35-44 years and over 54 years.

Men sound slightly more positive than women in evaluating the suitability of their environment for physical activity.

80% of students have a substantially positive attitude towards their environment, while both occupied and unoccupied respondents ask for improvements (54,9% and 36;8% respectively) or denounce a lack of suitable facilities (27,5% and 36,8% respectively).

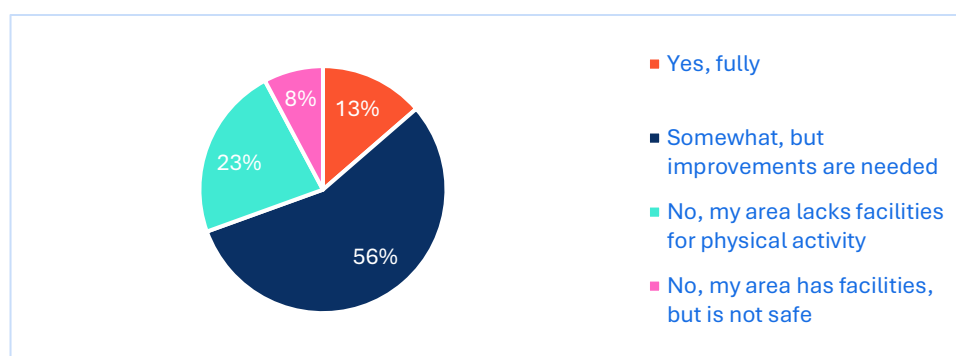


Figure 14 Percentage distribution of respondents by opinion on their living environment (n=154)

3.2.1.3 Motivators for engagement / improvement in physical activities

More than one third of the sample never received from a health professional a suggestion to increase physical activity; the remaining are divided among those that do not follow a received suggestion (28,6%) and those who are compliant with the advice (35,7%).

Medical advice on physical activity		Frequency	Percent	Valid Percent
Valid	Yes, and I follow the advice.	55	35,7	35,9
	Yes, but I do not follow the advice.	44	28,6	28,8
	No, I have never received such advice.	54	35,1	35,3
	Total	153	99,4	100,0
Missing	System	1	0,6	
Total		154	100,0	

Table 13 – Percentage distribution of respondents by received medical advice

It can be noticed, not surprisingly, that the youngest member received medical advice about the advisability of physical activity less than other age groups (44,4%), but about 29% of them received some advice with which they are not compliant. The more senior members of the sample, those aged over 45 years, look the more compliant with health suggestions (more than 40% among them).

Considering gender, women seem more compliant than men, since 40% of women obey the prescription, compared to 29,4% among men; the non-compliance rate is about 28% for both genders.

The non-working and the employed members of the sample are compliant at a rate around 40%, non-compliance is the highest among students (about 36%).

Despite medical advice, the respondents appear to be duly convinced of the benefits apported by physical activity to the general wellness: about 68% declare to be very aware, and another 20% to be somewhat aware of this concept.

The positive belief is almost homogeneously spread across the “older” age groups, over 45 years of age: about 80% declare to be very or somewhat aware, while the youngest sound less informed/convinced, since the positive answer is given by about 70% of them.

Between genders, men seem slightly more "convinced" (about 92%) than women (about 87%) of the importance of physical activity.

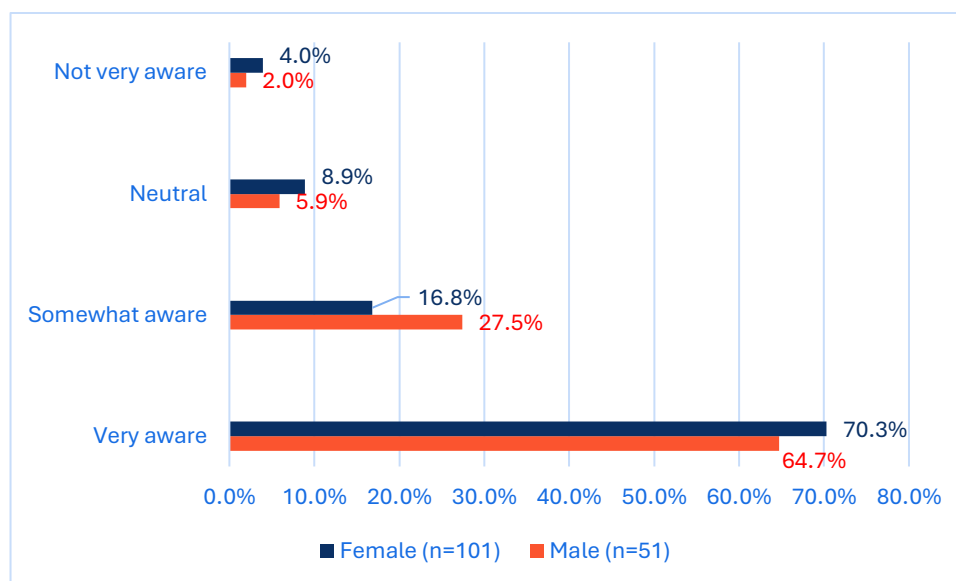


Figure 15 Percentage distribution of respondents by gender and by awareness of health benefits

The respondents could find greater motivation to engage in physical activity if they found more "friendly" situations in sports facilities, which should be free or less expensive (36% of the responses from more than 46% of people) and more easily accessible (27,4% of the responses from 35.5% of people); however, one cannot ignore that some weight is attributed to the social support of relatives and friends and to structured training programs as facilitators for personal commitment .

Possible motivators toward increased physical activity	Responses		% of Cases (n=154)
	N	Percent	
availability/proximity of sport facilities	54	27,4%	35,5%
access to free/affordable sport facilities	71	36,0%	46,7%
encouragement from family/friends	23	11,7%	15,1%
knowledge of health benefits	17	8,6%	11,2%
structured training programs	20	10,2%	13,2%
reduction of time/health/family burden	12	6,1%	7,9%
Total	197	100,0%	129,6%

Table 14 - Percentage distribution of recognized possible motivations

The distribution of answers according to age, gender and occupational condition – and the consequent pattern of possible motivators – prioritizes availability and accessibility of sport facilities over other possible facilitators.

Distribution according to age highlights a lower interest among older age groups (over 45 years of age) in social support from family and friends, which seems more relevant for the younger age groups; as for genders, social support and structured training programs seem more relevant for women.

It can be concluded that, according to the respondents and despite personal different positions, the improvement in commitment to physical activities can mainly come from an improvement in structures availability and/or the decrease in costs for use.

3.2.1.4 Potential training needs

Assuming that respondents have some interest in learning how to adopt a healthy lifestyle, a list of topics for future training sessions has been proposed for selection.

Rather surprisingly, the topic that receives the highest number of responses, both in terms of quantity of answers (36,7%) and number of respondents (57,21%), is “stress management and mental health”.

The requests for specific training on this topic come especially from people aged over 35 years of age (from 62,2 to 69,2%) and from both employed and unemployed respondents (about 66% and 61%), from women (59,4%).

Topics ^a	Responses		% of Cases (n=154)
	N	Percent	
Physical activity benefits & training methods	30	12,7%	19,7%
Healthy eating and nutrition	66	27,8%	43,4%
Stress management and mental health	87	36,7%	57,2%
Active lifestyle into a busy schedule	54	22,8%	35,5%
Total	237	100,0%	155,9%

Table 15 - Percentage distribution of interest for proposed topics

The “second choice” of the respondents is for “healthy eating and nutrition”, that receives 27,8% of the choices from 43,46% of the people. Interest for learning on this topic comes mainly from youngest respondents (65,9% among the age group 18-24 years and even more so – 68,6% - among students) and from men (52%, the same proportion of men who request support for stress management).

Compared to the previous choices, it seems that help to improve the organization of daily life in a healthy way is not highly requested by the respondents: 22,8% of adhesion, expressed by 35,5% of people, go to future training sessions on “how to integrate an active lifestyle into a busy schedule”. This proposal is appealing to little less than half of the people aged 35-44 years, to women (36,6%) more than to men (34%), to occupied respondents (45,1%) rather than to students (31,4%).

“Physical activity benefits and training methods” are just the fourth choice of the respondents: 12,7% of answers coming from 19,7% of people. This is a larger concern for people aged from 35 to 44 years compared to other age groups, for men compared to women, for students compared with other occupational conditions.

3.2.2 QUALITATIVE INSIGHTS FROM GREECE

3.2.2.1 Introduction

This section presents the qualitative findings from four interviews with parents of children and adolescents with disabilities living in Greece. All children are diagnosed with Autism Spectrum Disorder (ASD), and one child also has a motor disability. The objective was to explore parental views regarding physical activity participation, perceived benefits and barriers, as well as support needs and expectations. This feedback provides valuable input for developing inclusive and accessible sport participation strategies as part of the Sport4Fan (S4F) project.

3.2.2.2 Methodology

Semi-structured, open-ended interviews were conducted with four parents (three women and one man, aged 50–65). All participants reside in region of Attica-Athens, Greece. The interviews were analysed

thematically, with special attention paid to contextual factors such as economic constraints, time limitations, and the sociocultural environment.

The participants' profile can be described as follows:

- Gender: 3 Female, 1 Male
- Age Range: 50–62 years (52, 57, 50, 62)
- Children's condition: All children diagnosed with ASD; one child also has a motor disability
- Location: Various regions of Greece

3.2.2.3 Key Findings from qualitative analysis

- Current physical activity participation (children)
 - Two children participate in structured physical activity (mainly swimming and adapted gymnastics). The other two are currently inactive, primarily due to behavioral difficulties, lack of accessible programs, or long waiting lists. Parents expressed a strong desire to support participation but face systemic barriers.
- Frequency of activities
 - The active children engage in physical activity 1–2 times per week. Parents wish to increase frequency but cite logistical, behavioral, and financial limitations.
- Perceived benefits
 - Physical: Improved coordination, sleep, and appetite.
 - Psychological: Reduced anxiety, better mood.
 - Social: Small improvements in interaction, especially in structured settings.
- Barriers to participation
 - Personal Barriers: Sensory issues, resistance to change.
 - Parental Barriers: Lack of time due to caregiving and therapies.
 - Economic Barriers: Therapy costs limit budget for sports.
 - Infrastructure: Limited local programs, inaccessible or poor facilities.
- Local-level challenges
 - Severe lack of inclusive infrastructure, limited trained staff, and inaccessible or distant facilities. Awareness and municipal support for inclusive sport are minimal.
- Desired physical activities
 - Swimming (mentioned by all), equine therapy, group movement/dance, and guided nature walks. These are often unaffordable or unavailable locally.
- Reasons for non-participation
 - Top barriers include long waiting lists, inaccessible venues, high cost, and fear of exclusion or misunderstanding.
- Support needs
 - Free/low-cost programs, trained staff, small groups, emotional support for families, and transportation solutions.
- Motivational factors

- Routine, familiarity, structured and playful environments. Parents are motivated by visible benefits to their children.
- Expectations from activities
 - Improved self-regulation, physical and emotional development, independence, and quality time.
- Concerns and fears
 - Overstimulation, injury, social exclusion, lack of appropriate supervision.
- Learning interests
 - Parents want practical knowledge on home exercises, nutrition, motivation strategies, and inclusive rights.

Moreover, by analysing the collected data, the following cross-cutting themes have been identified, especially concerning barriers to efficient HEPA activities for the group at state (children and youth with disabilities):

- Economic vulnerability: High therapy costs limit participation in sports.
- Time scarcity: Parents lack time for themselves or extra activities due to caregiving demands.
- Cultural factors: Low societal emphasis on regular physical activity.
- Infrastructure deficits: Lack of accessible or well-maintained public spaces.
- Emotional fatigue: Parents feel overwhelmed and unsupported.

3.2.2.4 Recommendations for WP3 from qualitative insights in Greece

These interviews provide deep insight into the challenges and aspirations of Greek families raising children with disabilities. Despite economic pressure, time limitations, and inadequate infrastructure, parents show strong commitment to supporting their children's development through physical activity. For real impact, future interventions must be inclusive, accessible, affordable, and designed with families at the centre.

Finally, the following recommendations can be advanced to WP3 by the project team:

- Develop accessible and local programmes
 - Prioritise swimming, nature-based walks, and music & movement programs. Ensure small group sizes, trained staff, and sensory-friendly spaces.
- Home-based activity routines
 - Introduce simple, family-inclusive home exercises using low-cost materials:
 - Elastic band stretching
 - Ball coordination games
 - Guided dance routines
 - Breathing/yoga exercises
 - Step-ups on stools
 - Provide illustrated guides or videos to help integrate them into daily routines.
- Financial and logistical support
 - Offer subsidised or free programmes, transportation vouchers, and mobile delivery units for remote areas.
- Train professionals
 - Educate coaches and staff on inclusive practices and autism awareness.

- Support for parents
 - Provide emotional support, peer networks, and tools for easy information access. Involve parents in programme design.

3.3 SLOVENIA

3.3.1 SURVEY RESULTS IN SLOVENIA

3.3.1.1 The sample

In Slovenia, 190 valid questionnaires have been collected through the online platform.

The composition of age groups is not homogeneous: 2 persons decided not to declare their age, while no respondents aged from 18 to 24 have been recorded. The group from 25 to 34 years of age includes 7 respondents; the groups from 35 to 44 and from 55 over include about 27% of interviewees each.

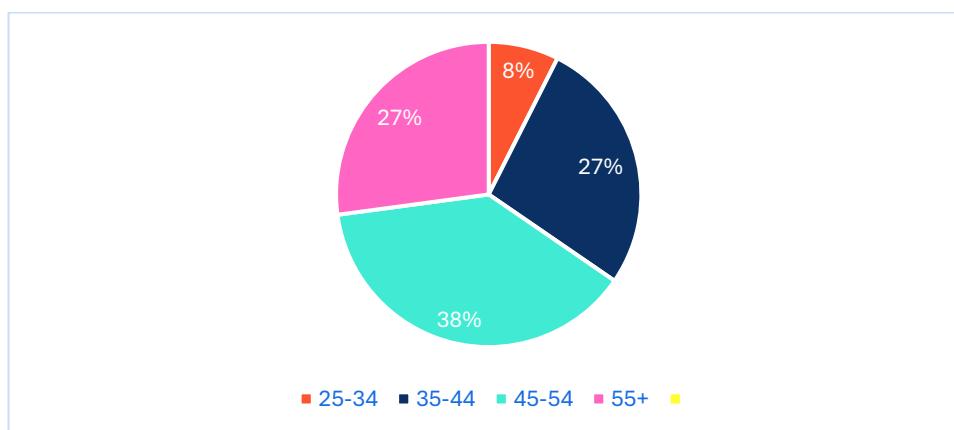


Figure 16 Percentage distribution of respondents by age (n=189)

Just 1 respondent refrained from declaring his/her occupation and just 5 persons are unemployed; almost all the sample is made by employed people; students are completely missing from the sample. As for the gender of respondents, 79,5% identified themselves as women and 20,5% as men.

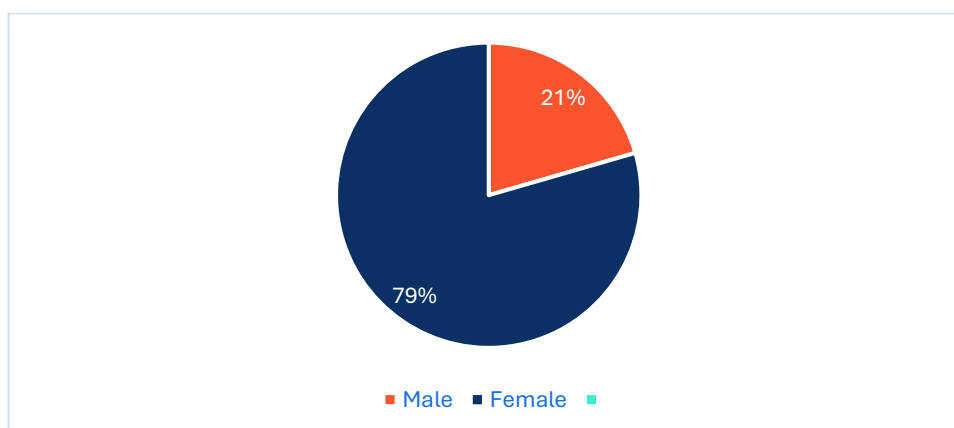


Figure 17 Percentage distribution of respondents by gender (n=189)

42,1% of respondents live in cities (46,8%) and the remaining are distributed between the suburbs (20%) and the countryside (37,9%).

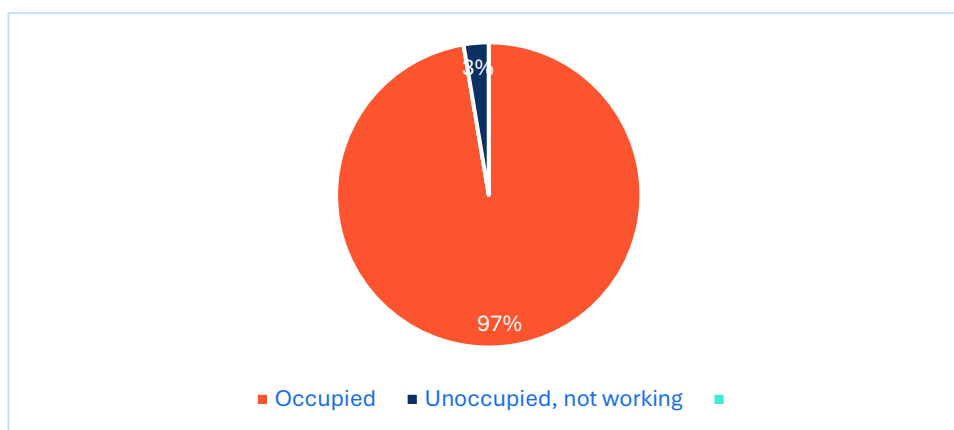


Figure 18 Percentage distribution of respondents by type of residence (n=189)

3.3.1.2 Effective engagement in physical activities

About 9% of the respondents practice physical activity at most 1-2 times per month; the most common frequency -33,8% - is 3-4 times a week; about 30% exercise 1-2 times per week and those who practice physical activity five or more times a week are about 16%.

		Frequency	Percent	Valid Percent
Valid	1-2 times per month	17	8,9	8,9
	1-2 times per week	50	26,3	26,3
	3-4 times per week	87	45,8	45,8
	5+ times per week	36	18,9	18,9
	Total	190	100,0	100,0

Table 16 – Percentage distribution of respondents by frequency of physical activity

The proportionally most active members of the sample are those aged 45-54 years, among whom more than a quarter (26.4%) perform physical activity 5 or more times per week; for all age groups, the most frequent activity schedule is 3-4 times per week, with the interesting detail that, at this level of weekly frequency, the youngest and oldest age groups gather the same proportion of performers.

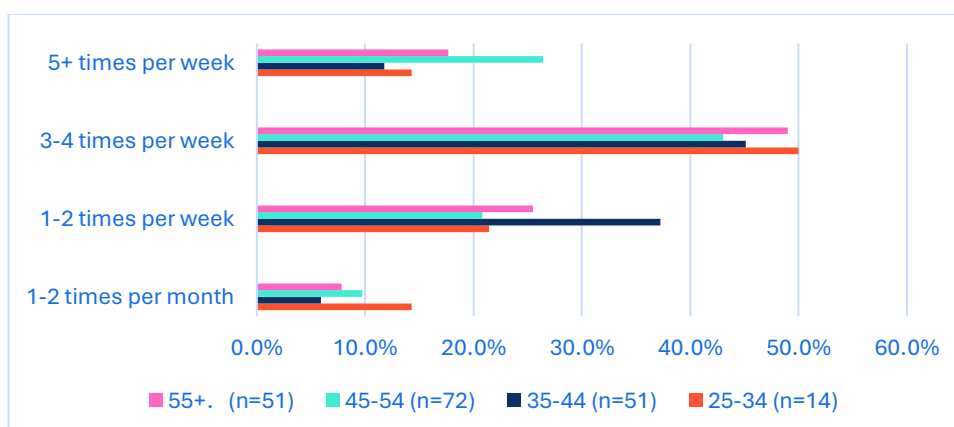


Figure 19 Distribution of respondents by age group and by frequency of physical activity

Looking at the frequency of engagement in relation to gender, we note the high level of commitment among women, approximately 65% of whom are physically active at least three times per week. Comparisons between the two genders are meaningless, given the disproportion in size of the two sub-samples.

The same consideration applies to the comparison of levels of commitment in the two occupational groups.

How often do you engage in physical activity	gender		Total
	Male	Female	
1-2 times per month	5	12	17
	12,8%	7,9%	8,9%
1-2 times per week	10	40	50
	25,6%	26,5%	26,3%
3-4 times per week	16	71	87
	41,0%	47,0%	45,8%
5+ times per week	8	28	36
	20,5%	18,5%	18,9%
Total	39	151	190
	100,0%	100,0%	100,0%

Table 17 – Distribution of respondents by frequency of physical activity and by gender

How often do you engage in physical activity	employment situation		Total
	Occupied	Unoccupied	
1-2 times per month	16	1	17
	8,7%	20,0%	9,0%
1-2 times per week	50	0	50
	27,2%	0,0%	26,5%
3-4 times per week	84	2	86
	45,7%	40,0%	45,5%
5+ times per week	34	2	36
	18,5%	40,0%	19,0%
Total	184	5	189
	100,0%	100,0%	100,0%

Table 18 - Distribution of respondents by frequency of physical activity and by employment situation

The frequency of physical engagement tends to be higher among people living in suburbs: 76,3% of them exercise 3 or more times per week, while in the city the proportion is 65.1%, and in the countryside it drops to 58,3%. Very likely, the uneven presence of dedicated structures also plays an important role in this behaviour.

How often do you engage in physical activity	Residence area			Total
	city	suburbs	countryside	
1-2 times per month	9	1	7	17
	11,3%	2,6%	9,7%	8,9%
1-2 times per week	19	8	23	50
	23,8%	21,1%	31,9%	26,3%

3-4 times per week	39	15	33	87
	48,8%	39,5%	45,8%	45,8%
5+ times per week	13	14	9	36
	16,3%	36,8%	12,5%	18,9%
Total	80	38	72	190
	100,0%	100,0%	100,0%	100,0%

Table 19 – Distribution of respondents by frequency of physical activity and by residence area

When requested to motivate the reasons for their pattern of commitment to physical activity, some people give more than one ground for their behaviour: in fact, 190 people gave a total of 278 answers, that is an average of about 1.5 answers per person.

The more frequently alleged behavioural ground is “lack of time”, which covers 49.6% of collected answers and comes from 73.4% of persons. The second reason, but stated with much less frequency, is a “lack of motivation”, admitted by 35.6% of the respondents. Personal conditions (health, age, family) and financial constraints in accessing the sport facilities concern respectively 16.5% and 6.4% of the sample.

Reasons for limited physical activity	Responses		% of cases (n = 190)
	N	%	
lack of time	138	49.6%	73.4%
financial constraints	12	4.3%	6.4%
lack of motivation	67	24.1%	35.6%
no suitable facility nearby	13	4.7%	6.9%
Health/age/family conditions	31	11.2%	16.5%
I do enough	17	6.1%	9.0%
Total	278	100.0%	147.9%

Table 20 – Percentage distribution of respondents by declared reasons for limited physical activity

The lack of time is resented more by more than 86% of the group aged between 35 and 44 years (very likely, those who are fully engaged in their professional activity and career) and is a problem for about 78% of the youngest generation, while the oldest member of the sample feel more relaxed about time. On the other hand, the group aged 25-34 years is the more affected by missing motivation (64.3%).

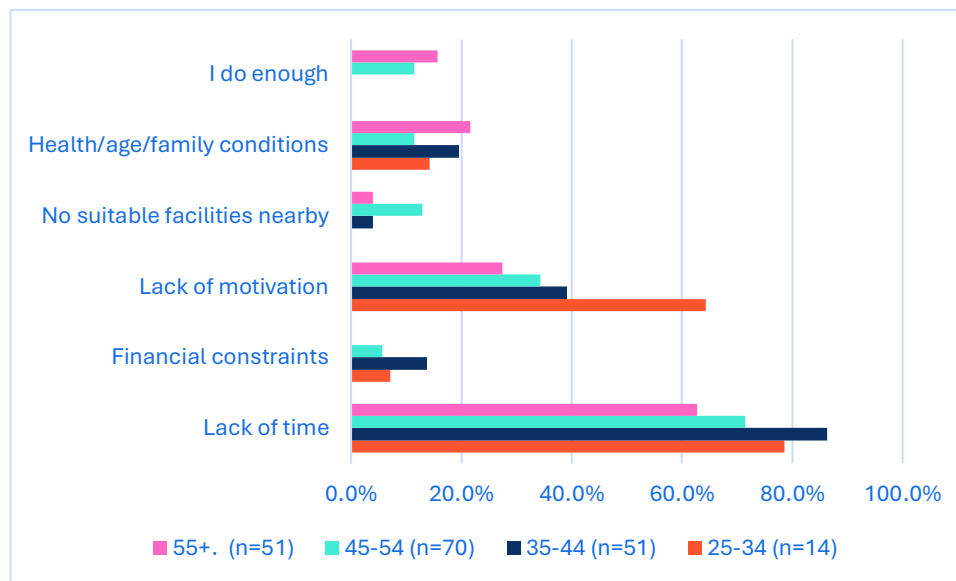


Figure 20 Distribution of respondents by age group & by declared reasons for limited physical activity

Comparisons between the two genders and between the two occupational positions are meaningless, given the uneven composition of the categories in the sample.

Considering the area where the respondents live, lack of time is cited slightly more frequently by citizens (76,9%) and by rural residents (73,6%) than by suburban residents (65,8%); the latter declare also a lower “missing motivation”. Personal conditions (health/age/family burdens) look heavier in the countryside.

Reasons for limited physical activity	Residence area			Total
	city	suburbs	countryside	
Lack of time	60	25	53	138
	76,9%	65,8%	73,6%	
Financial constraints	4	4	4	12
	5,1%	10,5%	5,6%	
Lack of motivation	31	6	30	67
	39,7%	15,8%	41,7%	
No suitable facilities nearby	2	4	7	13
	2,6%	10,5%	9,7%	
Health/age/family conditions	11	5	15	31
	14,1%	13,2%	20,8%	
I do enough	8	7	2	17
	10,3%	18,4%	2,8%	
Total	78	38	72	188

Table 21 – Distribution of respondents by declared reasons for limited physical activity& area of residence

These findings are confirmed by the opinion about the environment in the residence area, in terms of support for an active lifestyle (suggested examples for the evaluation were safe parks, sports facilities, walkable streets, cycle paths).

40% of the respondents evaluate their environment as fully supportive of an active lifestyle, while about 56% ask for improvements, but just about 4% complain about lack of facilities, which were not frequently mentioned among the reasons for not performing physical activities.

In any case, personal security is not an issue for the interviewees.

Supportive environment in the residence area	Frequency	Percent	Valid percent
Yes, fully	76	40,0	40,0
Somewhat, but improvements are needed	107	56,3	56,3
No, my area lacks facilities for physical activity	7	3,7	3,7
Total	190	100,0	100,0

Table 22– Percentage distribution of respondents by opinion on their living environment

The youngest age group (25 - 34 years of age) are the more vocal in declaring the full supportiveness of their surroundings (about 57%), while other age groups are more oriented to notice the needed improvements; in any case, missing facilities do not look to be a problem.

However, comparing the responses of residents in the city, in the suburbs and in the countryside, the request for improvements is found in greater proportion among the inhabitants of the countryside.

3.3.1.3 Motivators for engagement / improvement in physical activities

About two thirds of the sample never received from a health professional a suggestion to increase physical activity; the remaining are divided among those that do not follow a received suggestion (10.5%) and those who are compliant with the advice (27,4%).

According to what can be expected, the highest proportion of those who never received medical advice about the advisability of physical activity is inside the youngest group, aged 25-34 years; however, the proportion of those who have not been prompted on the subject is over 50% in all age groups. The most compliant with the health advice seem to be respondents aged 45-54 years.

Medical advice on physical activity		Frequency	Percent	Valid Percent
Valid	Yes, and I follow the advice.	52	27,4	27,4
	Yes, but I do not follow the advice.	20	10,5	10,5
	No, I have never received such advice.	118	62,1	62,1
Total		154	190	100,0

Table 23 – Percentage distribution of respondents by received medical advice

Despite medical advice, the respondents appear to be duly convinced of the benefits apported by physical activity to the general wellness: about 82% declare to be very aware, and about 16% to be

somewhat aware, of this concept. The positive belief is almost homogeneously spread across the age groups, slightly growing up with age from 77% to 96%.

		Frequency	Percent	Valid Percent
Valid	Very aware	156	82,1	83,9
	Somewhat aware	30	15,8	16,1
	Total	186	97,9	100,0
Missing	System	4	2,1	
Total		190	100,0	

Table 24 - Percentage distribution of respondents by awareness of health benefits

The respondents could find greater motivation to engage in physical activity if they found more "friendly" situations in sports facilities, which should be free or at least less expensive (29,6% of the responses from 42,4% of people) and more easily accessible (21,4% of the responses from more than 30% of people).

However, one cannot ignore that to social support from family/friends is attributed the same weight that goes to availability/proximity of sport facilities and that a reduction in personal burdens is "dreamed" by 20% of the sample.

The distribution of answers according to age prioritizes affordability of sport facilities among respondents aged over 35 years; social support from family and friends is the most important motivator for interviewees aged between 25 and 34 years; reduction of the time burden is hoped the most by people aged between 25 and 44 years.

The same pattern is present across the residence areas, with facilities affordability as first choice, availability of facilities as second choice and social encouragement as third choice: percentages of choice do not differ much between the three areas of residence.

Possible motivators toward increased physical activity	Responses		% of Cases (n=190)
	N	Percent	
availability/proximity of sport facilities	52	21.4%	30.6%
access to free/affordable sport facilities	72	29.6%	42.4%
encouragement from family/friends	51	21.0%	30.0%
knowledge of health benefits	11	4.5%	6.5%
structured training programs	23	9.5%	13.5%
reduction of time/health/family burden	34	14.0%	20.0%
Total	243	100.0%	142.9%

Table 25 - Percentage distribution of recognized possible motivations

According to the respondents, an improvement in structures availability and/or the decrease in costs for its use should be the first step for obtaining the improvement in commitment to physical activities; however, a "social campaign" that raises the level of appreciation for this type of activity in the living environments of the subjects involved would be a necessary positive amplifier of structural improvements.

3.3.1.4 Potential training needs

Assuming that respondents have some interest in learning how to adopt a healthy lifestyle, a list of topics for future training sessions has been proposed for selection.

The acceptance of training on the proposed topics produces a ranking with “active lifestyle in a busy schedule” at the top, “stress management and mental health” at the second place, “healthy eating and nutrition” at the third position.

A bit surprisingly, the topic that receives the lowest number of responses, both in terms of quantity of answers (11%) and number of respondents (20,2%), is “physical activity benefits and training methods”: we saw above that more than 80% of the sample members consider themselves well aware of the benefits guaranteed by physical exercise, so this can explain the low interest, but one might expect that this very belief would stimulate interest in learning appropriate and updated training procedures.

Topics	Responses		% of Cases (n=190)
	N	Percent	
Physical activity benefits & training methods	37	11.0%	20.2%
Healthy eating and nutrition	60	17.8%	32.8%
Stress management and mental health	111	32.9%	60.7%
Active lifestyle into a busy schedule	129	38.3%	70.5%
Total	337	100.0%	184.2%

Table 26 - Percentage distribution of interest for proposed topics

The distribution of options across the residence areas reproduces substantially the same pattern, both for positions and for differences among areas, with a slightly higher request for “stress management” in the suburbs compared with inner city and with the countryside.

The same pattern of priorities can be found for the distribution across age groups; the only difference worth mentioning is the inversion of first and second position inside the age group 25-34 years of age: for them the first option is for “stress management and mental health”.

3.3.2 QUALITATIVE INSIGHTS FROM SLOVENIA

3.3.2.1 Introduction

This section illustrates the results of a focus group conducted in Slovenia, that collected direct testimonies on the role of sport and movement in promoting physical, mental, and social well-being. At the same time, it highlighted infrastructural and cultural challenges that limit broader participation.

3.3.2.2 Methodology

The work was based on a focus group held on May 6th, 2025, at the Community Centre in Lovrenc na Pohorju. The target group consisted of 12 elderly women, aged between 65 and 80, living in rural areas. Participant recruitment was supported by local stakeholders, including a personal trainer and related social initiatives, who facilitated identification and ensured a welcoming environment for the discussion. The meeting enabled the collection of qualitative data on physical activity habits, perceived challenges, aspirations, and training interests, with the aim of guiding future project actions.

3.3.2.3 Key Findings from qualitative analysis

- Activities practiced and benefits:

- Participants engage in various forms of physical activity, including physiotherapy, Pilates, functional training, and hiking. Frequencies range from weekly sessions to monthly activities. They reported notable physical benefits (improved mobility, fitness, posture, and general health), mental benefits (enhanced well-being, pride, mental clarity, acceptance of aging), and social benefits (sense of inclusion, empathy, and community).
- Barriers and unmet needs:
 - Challenges include a lack of activity diversity, remoteness, and limited access to facilities most options require a 20–45-minute drive. Online content is often inaccessible due to language barriers. Health issues, time constraints, and lack of self-esteem also hinder participation.
- Desired activities and enabling conditions:
 - Participants expressed interest in dance, Nordic walking, and swimming, but these are currently unavailable locally due to inadequate infrastructure or remoteness. They suggest public or EU funded support to bring trainers from urban centres to rural areas.
- Motivators and expectations:
 - The group is motivated by the desire for better health, healthy aging, and social interaction. Expected outcomes include improved physical and mental well-being, personal development, and stronger friendships. A key concern is that health conditions might prevent some from attending regularly.
- Topics of interest for further learning:
 - Participants are interested in learning more about:
 - Physical activity adapted to chronic conditions
 - Mental health benefits of physical exercise
 - Memory improvement technique
 - They also identified a need for foreign language courses, particularly English, as many online resources are unavailable in Slovenian.

3.3.2.4 Recommendations for WP3 from qualitative insights in Slovenia

The focus group revealed not only the specific needs and barriers faced by elderly women in rural areas but also the presence of a resilient and socially engaged community. Many participants are already involved in various local initiatives such as reading clubs, handicrafts, and volunteer work which reflects a strong network of mutual support and community participation.

A recurring theme was the overlap of individuals participating in multiple activities, suggesting the existence of a motivated core group that could serve as a catalyst for future engagement. Despite this, time constraints and health issues remain the most commonly cited reasons for non-participation in physical activities.

These insights underline the importance of designing inclusive, accessible, and well-promoted physical activity programs that not only address infrastructural limitations but also leverage the strengths of existing community dynamics. Encouraging peer support and ensuring continuity across local initiatives may prove essential in fostering long-term participation and well-being among older adults in rural settings.

Finally, based on the results, the following recommendations can be advanced:

- Develop inclusive workshops tailored for elderly women and men in remote areas, incorporating low impact yet engaging physical activities like dance and Nordic walking.
- Address infrastructure gaps by facilitating mobile trainer visits through external funding.
- Design training modules on managing chronic conditions, enhancing mental health through movement, and memory-related exercises.
- Include digital literacy and basic English courses to support access to online health-enhancing resources.

3.4 TÜRKİYE

3.4.1 SURVEY RESULTS IN TÜRKİYE

3.4.1.1 The sample

In Türkiye, 490 valid questionnaires have been collected through the online platform.

Just 15 respondents (3,1% of the sample) refrained from declaring their age; more than three quarters of the respondents are young people, aged between 18 and 24 years; the remaining age groups show a very limited presence and the oldest one, over 54 years, is absent. This distribution allows to get a good vision of the relationship between youth and physical activity but provides only broad indications on other age groups.

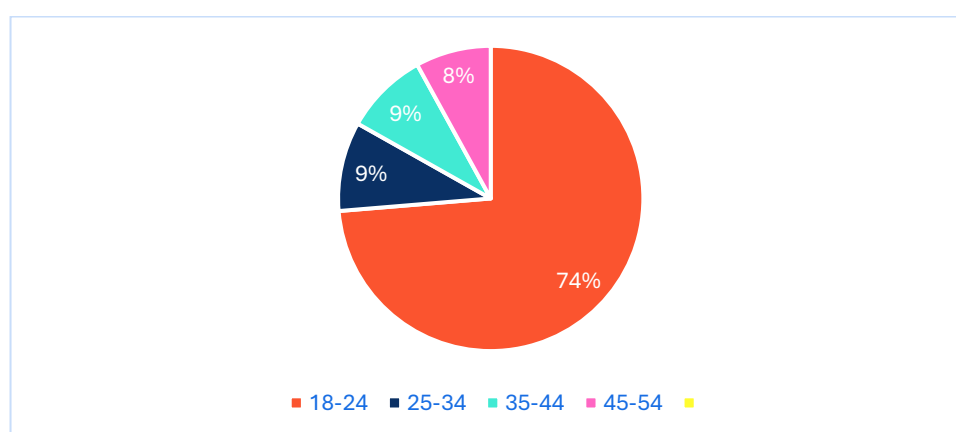


Figure 21 Percentage distribution of respondents by age (n=475)

Given the age distribution, it is not surprising that two-thirds of respondents are students, while occupied and unoccupied persons reach about 17% and 12% respectively; undeclared professional conditions cover the 4,7% of the sample.

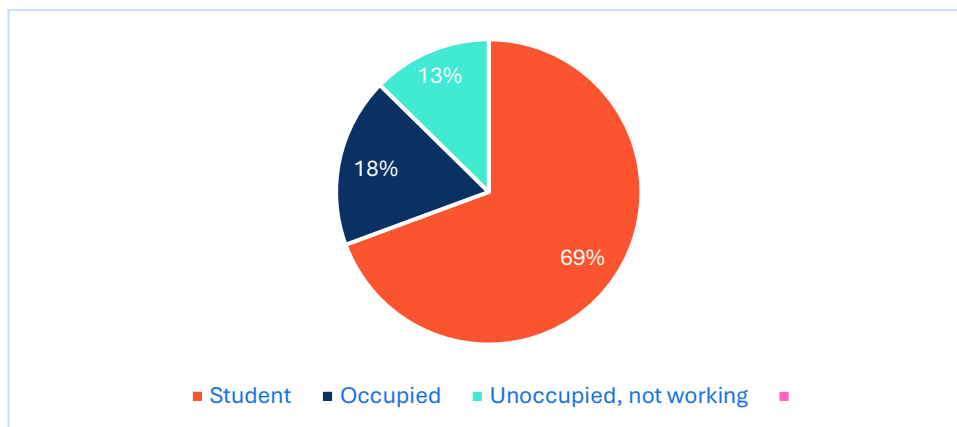


Figure 22 Percentage distribution of respondents by employment situation (n=475)

As for the gender of respondents, less than 4% did not identify themselves with the traditional gender categories; about one third of the sample declared themselves as "man" and two thirds as "woman".

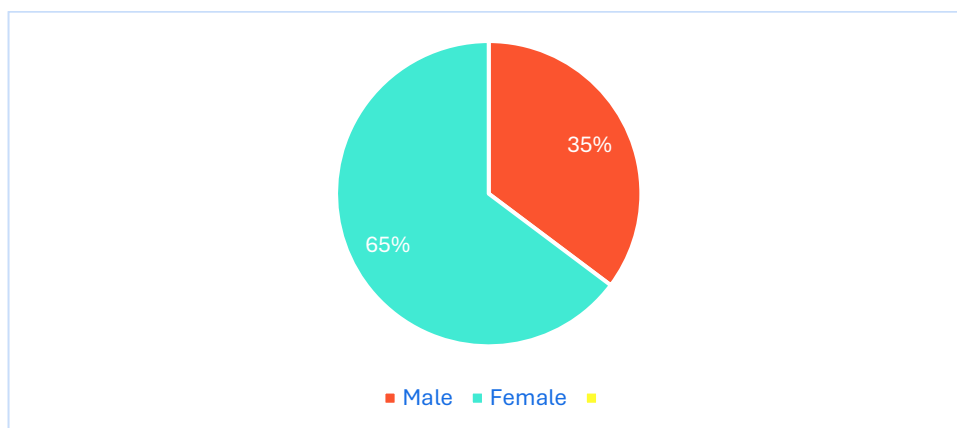


Figure 23 Percentage distribution of respondents by gender (n=471)

Most of respondents live in the city, while those who live in the suburbs or outside the city reach about 7% and 9% respectively; 15 people indicated the name of the place where they live, but it was not possible to identify the type of residence place.

		Frequency	Percent	Valid Percent
Valid	In the city	396	80.8	83.4
	In the suburbs	35	7.1	7.4
	In the countryside	44	9.0	9.3
	Total	475	96.9	100.0
Missing	System	15	3.1	
Total		490	100.0	

Table 27 - Percentage distribution of respondents by type of residence

3.4.1.2 Effective engagement in physical activities

More than 40% of the respondents practice physical activity at most 1-2 times a month; the most common frequency is 1-2 times a week; those who practice physical activity five or more times a week are equivalent to those who never practice it: we can conclude that physical activity is not among the elective activities of our sample.

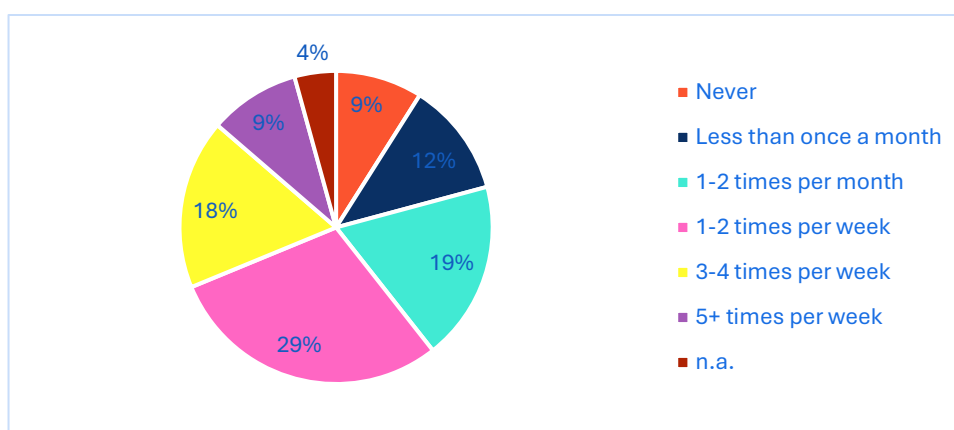


Figure 24 Percentage distribution of respondents by frequency of physical activity (n=490)

Considering the frequency of physical activity in relation to age, there is no higher frequency - contrary to expectations - among the younger age groups: the most frequent commitment, in the two younger age groups, is 1 - 2 times a week, while about half of the members of the two older groups perform physical activity at most twice a month. However, the uneven distribution by age in the sample must be taken into account, a circumstance that makes it rather difficult to draw conclusions from the comparison between the different age groups.

Looking at the frequency of engagement in relation to gender, for both genders the highest declared frequency is 1-2 times per week; however, a slightly high frequency is declared by men: about 36% of them exercise more than 3 times per week, compared to about 24% of women and the difference is statistically significant.

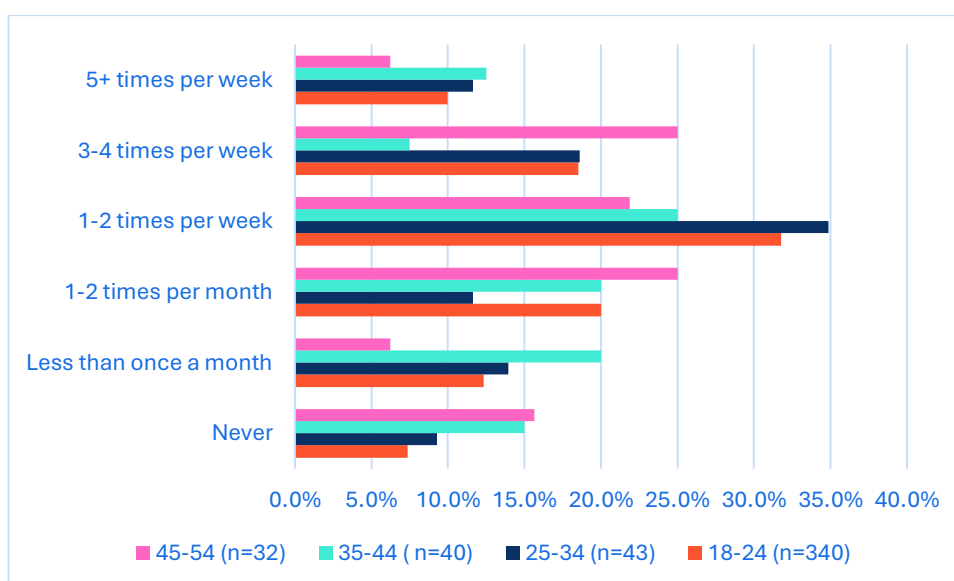


Figure 25 Distribution of respondents by age group and by frequency of physical activity

Even with reference to employment status, the highest frequency for all conditions is around 1-2 times per week, with students slightly more active than workers and unoccupied people; not surprisingly, the latter are also those who in greater proportion perform physical activity five or more times a week. However, differences are not statistically significant.

Frequency of physical activity	Employment situation			Total
	Student	Occupied	Unoccupied, not working	
Never				
Less than once a month				
1-2 times per month				
1-2 times per week				
3-4 times per week				
5+ times per week				



Never	24	10	8	42
	7,6%	12,7%	14,5%	9,3%
Less than once a month	38	10	6	54
	12,0%	12,7%	10,9%	12,0%
1-2 times per month	65	15	10	90
	20,6%	19,0%	18,2%	20,0%
1-2 times per week	100	24	15	139
	31,6%	30,4%	27,3%	30,9%
3-4 times per week	62	11	6	79
	19,6%	13,9%	10,9%	17,6%
5+ times per week	27	9	10	46
	8,5%	11,4%	18,2%	10,2%
Total	316	79	55	450
	100,0%	100,0%	100,0%	100,0%

Table 28 – Distribution of respondents by frequency of physical activity and by employment situation

According to the area of residence, living in the city – both in town and in the suburbs - seems to be more favourable to an engagement covering at least three times per week, while the residents in the countryside declare a commitment which reaches a maximum of twice a month; despite this apparent patterns, the areas of residence are not associated with statistically significant differences. When requested to motivate the reasons for their pattern of commitment to physical activity, some people give more than one ground for their behaviour: in fact, 485 people gave a total of 658 answers, an average of 1,4 answer per person.

The more frequent alleged behavioural ground is “lack of time”, which covers 42,4% of collected answers and comes from 57,5% of persons. About a quarter of the answers – but about one third of people - refer to missing motivations; financial constraints in accessing the sport facilities and proximity of available facilities concern approximately the same proportions, around 17% - 18% of people.

Reasons for limited physical activity	Responses		% of cases (n = 485)
	N	%	
lack of time	279	42,4%	57,5%
financial constraints	90	13,7%	18,6%
lack of motivation	167	25,4%	34,4%
no suitable facility nearby	83	12,6%	17,1%
Health/age/family conditions	35	5,3%	7,2%
I do enough	4	0,6%	0,8%
Total	658	100,0%	135,7%

Table 29 – Percentage distribution of respondents by declared reasons for limited physical activity

The lack of time is resented more by the group aged 25-34 years (very likely, those who are starting their professional career) and seems less heavy for those aged 45-54 years, that on the other hand are those more affected by missing motivation.

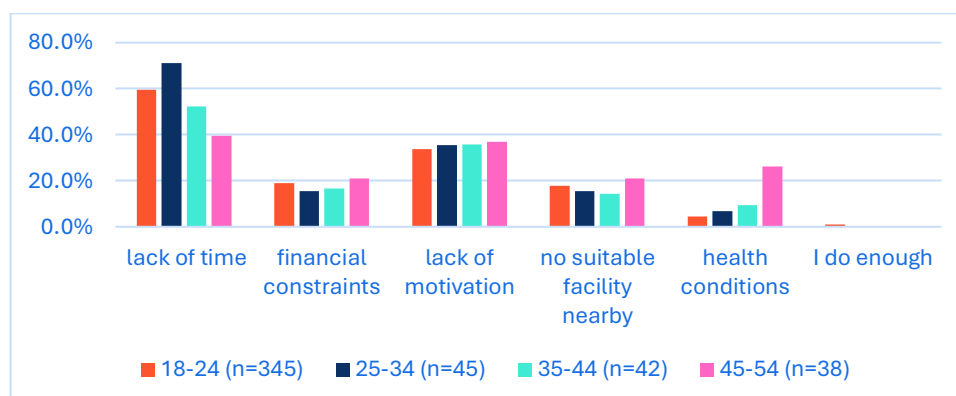


Figure 26 Distribution of respondents by age group and by declared reasons for limited physical activity

With reference to gender, men are more affected by the limited time than women, that in turn feel proportionally less motivated and more missing suitable facilities nearby.

Considering the area where the respondents live, those who live in the city sound more affected by missing time and missing motivations, while the suburbs and the countryside are significantly more affected by the lack of suitable facilities and by financial constraints.

These findings are confirmed by the opinion about the environment in the residence area, in terms of support for an active lifestyle (suggested examples for the evaluation were safe parks, sports facilities, walkable streets, cycle paths).

Just one quarter of the respondents evaluate their environment as fully supportive of an active lifestyle, while about 47% ask for improvements and 21% complain about lack of facilities.

Once more, no relevant differences in distributions, considering gender, age, occupation, residence.

Supportive environment in the residence area	Frequency	Percent	Valid percent
Other	2	0,4	0,4
Yes, fully	123	25,1	25,1
Somewhat, but improvements are needed	230	46,9	46,9
No, my area lacks facilities for physical activity	103	21,0	21,0
No, my area has facilities, but is not safe	32	6,5	6,5
Total	490	100,0	100,0

Table 30 – Percentage distribution of respondents by opinion on their living environment

3.4.1.3 Motivators for engagement / improvement in physical activities

More than half of the sample never received from a health professional a suggestion to increase physical activity, but the remaining half is divided among those that do not follow a received suggestion (26,6%) and those who are compliant with the advice (just 20,2%).

It can be noticed that the “elder” members of the sample, those aged over 45 years, are the less compliant with health suggestions (about 43% among them do not follow any advice about physical activity).

Considering gender, men seem more compliant than women, since 23% of men obey the prescription, compared to 18,8% among women.

The non-working members of the sample, more than students and workers, were never advised by a health professional about appropriate patterns of physical activity.

The same happens for the respondents living in the suburb, when compared with those who live in town or in the countryside.

Despite medical advice, the respondents appear to be rather convinced of the benefits apported by physical activity to the general wellness: about 42% declare to be very aware, and another 42% to be somewhat aware of this concept.

The belief is almost homogeneously spread across age groups - with a slightly more positive situation in the 35-44 group, and between genders, with women slightly more "uninformed" about the importance of physical activity; people living in the suburbs show the lowest proportion of awareness.

The respondents could find greater motivation to engage in physical activity if they found more "friendly" situations in sports facilities, which should be free or less expensive (about 38% of the responses from more than 52% of people) and more easily accessible (24.5% of the responses from 37.9% of people), however, one cannot ignore the important weight attributed to the social support of relatives and friends as a motivator for personal commitment (22.2% of the responses from 34.4% of people).

Possible motivators toward increased physical activity	Responses		Percent of Cases (n = 490)
	N	Percent	
availability/proximity of sport facilities	184	24,5%	37,9%
access to free/affordable sport facilities	253	33,7%	52,2%
encouragement from family/friends	167	22,2%	34,4%
knowledge of health benefits	82	10,9%	16,9%
structured training programs	58	7,7%	12,0%
reduction of time/health burden	7	0,9%	1,4%
Total	751	100,0%	154,8%

Table 31 – Percentage distribution of recognized possible motivations

The distribution of answers – and the consequent pattern of possible motivators – is substantially the same depicted here, when we consider distributions according to age group, gender, occupational position and residence area. We can conclude that, according to our respondents and despite personal and “geographical” different positions, the improvement in commitment to physical activities can only come from an improvement in structures availability and/or the decrease in costs for use.

Not even a medical advice is considered to be a good reason to motivate commitment to physical engagement.

3.4.1.4 Potential training needs

Assuming that respondents have some interest in learning how to adopt a healthy lifestyle, a list of topics for future training sessions has been proposed for selection.

Rather surprisingly, the topic that receives the highest number of responses, both in terms of quantity of answers (31,9%) and number of respondents (51%), is “stress management and mental health”.

The requests for specific training on this topic come especially from people in the 35-44 years age group (73,8%), from women (56,7%), from non-workers (67,8%), while people living in suburbs seem less attracted by the proposal.

Topics	Responses		Percent of Cases (n = 490)
	N	Percent	
Physical activity benefits & training methods	174	22.2%	35.5%
Healthy eating and nutrition	199	25.4%	40.6%
Stress management and mental health	250	31.9%	51.0%
Active lifestyle into a busy schedule	151	19.3%	30.8%
Other	10	1.3%	2.0%
Total	784	100.0%	160.0%

Table 32 – Percentage distribution of interest for proposed topics

The “second choice” of the respondents is for “healthy eating and nutrition”, that receives 25,4% of the choices from 40,6% of the people. This specific topics sounds more attractive for people aged more than 45 years and less interesting for those aged 25-34 years; women like the proposal (42,6%) more than men (38%); occupied persons are interested in healthy eating (47,6%) more than other occupational positions and people living in the countryside (43,2%) a little more than those who live in different areas of the city.

“Physical activity benefits and training methods” are just the third choice of the respondents: 22,2% of answers coming from 35,5% of people. This is a larger concern for people aged from 25 to 34 years compared to other age groups, for men compared to women, slightly more among the suburbs inhabitants compared with in-town and countryside residents.

Compared to the previous choices, it seems that help to improve the organization of daily life in a healthy way is not particularly requested by the respondents: just 19,3% of adhesion, expressed by 30,8% of people, go to future training sessions on “how to integrate an active lifestyle into a busy schedule”. This proposal is appealing to more than half of the people aged 35-44 years, to women (32,8%) more than to men (27, 7%), to unoccupied (47,5%) rather than to employed (38,1%) or students (26,2%).

3.4.2 QUALITATIVE INSIGHTS FROM TÜRKİYE

3.4.2.1 Introduction

This section presents a qualitative analysis of 20 semi-structured interviews conducted with individuals belonging to vulnerable groups in Konya, Türkiye, within the scope of the Sport4Future (S4F) project. The aim was to assess participants' current physical activity habits, perceived benefits, barriers, and expectations, and to identify educational and infrastructural needs to enhance participation.

3.4.2.2 Methodology

The interviews were conducted using a semi-structured, open-ended format to encourage participants to express their views freely and in depth. The target population included elderly individuals, people with disabilities, and socially disadvantaged youth specifically young immigrants. A total of 20

participants took part in the study: 12 women and 8 men, with ages ranging from 15 to 72 years. The sample included 6 elderly individuals (aged 60+), 7 persons with disabilities, and 7 youth aged 16–24 from disadvantaged backgrounds. All participants reside in Konya, Türkiye. The interviews were documented and manually analyzed to identify recurring themes and key insights.

3.4.2.3 Key Findings from qualitative analysis

- **Current Physical Activities:**
 - The most reported physical activity among participants was walking, practiced by 70% of them. Other activities mentioned included running, home-based exercises, and physiotherapy. However, 4 individuals stated that they did not engage in any regular physical activity, mainly due to health-related issues or a lack of motivation.
- **Frequency of Activities**
 - In terms of frequency, 11 participants reported engaging in physical activity regularly, at least three times per week. In contrast, 9 participants described their activity as occasional or rare, often attributing this to limited time or low energy levels.
- **Perceived Benefits**
 - Participants identified several benefits of physical activity, including improvements in physical health such as increased stamina, greater flexibility, and pain relief. They also reported positive effects on mental well-being, particularly in terms of stress relief and emotional regulation. Social benefits, however, were rarely mentioned, suggesting a possible lack of group-based activities.
- **Barriers to Participation**
 - Participants reported several barriers to engaging in physical activity. Personal obstacles included health conditions such as chronic pain and mobility issues, as well as lack of motivation and fatigue. Social barriers were also significant, with caregiving responsibilities and limited family support particularly among women hindering participation. Additionally, economic constraints such as the inability to afford equipment or gym memberships were frequently mentioned.
- **Local-Level Challenges**
 - At the local level, participants highlighted several infrastructural challenges, including inaccessible sports facilities, lack of public transportation, and poorly maintained parks. Interestingly, some individuals did not perceive their local environment as a barrier, which may reflect low expectations or limited awareness of available alternatives.
- **Desired Physical Activities**
 - Participants expressed strong interest in a variety of physical activities, with swimming, archery, dancing, and cycling being the most frequently mentioned. Other interests included horse riding, basketball, and gym training. However, a common issue across all these preferences was that such activities are often not accessible or affordable in the local area.
- **Reasons for non-participation**
 - The main barriers to participation identified by participants included financial limitations, lack of time, inadequate infrastructure, and family-related restrictions, which particularly affected women and youth.
- **Support Needs**

- Participants emphasized the need for various forms of support to enhance participation in physical activity. Financial support was a key request, particularly the availability of free or low-cost activities. Accessibility was also a major concern, with calls for adapted environments and reliable transportation. Additionally, participants highlighted the importance of social support, including peer groups, encouragement, and inclusive events to foster motivation and engagement.
- **Motivational Factors**
 - Participants identified several motivational factors driving their engagement in physical activity. Many were motivated by health-related goals, such as the desire to prevent illness and improve their overall quality of life. Younger participants specifically mentioned the influence of social media and role models. For others, internal factors like personal goals and self-image played an important role in maintaining motivation.
- **Expectations from Activities**
 - All participants expressed clear expectations regarding the outcomes of physical activity. Health benefits were universally anticipated, while many also hoped for emotional satisfaction, including increased confidence, happiness, and a sense of achievement. In addition, participants expected physical improvements such as better weight control, pain relief, and enhanced strength.
- **Concerns & Fears**
 - Although few fears were reported overall, some participants expressed concerns related to injury, being judged by others, and social exclusion. Notably, youth with disabilities specifically highlighted a fear of being excluded from group activities.
- **Learning Interests**
 - Although the response rate was limited, some participants expressed interest in learning more about specific topics related to physical activity. These included exercise techniques, nutrition, mental well-being, and the management of chronic diseases.

Moreover, the analysed data allowed for the identification of the following cross-cutting issues, as follows:

- **Gender Disparities:** Female participants were more likely to mention family constraints and societal expectations as barriers
- **Youth & social media:** Younger participants expressed higher influence from external role models
- **Accessibility Gap:** Strong desire to engage in diverse activities, but consistent mention of financial and environmental limitations

Furthermore, the following challenges faced by interviewed vulnerable groups in sport participation have been highlighted:

- **1. Health and Physical Barriers**
 - **Chronic Illnesses & Disabilities:** Participants with conditions like joint pain, respiratory issues, and physical disabilities reported limitations in movement, endurance, and confidence.
 - **Fatigue & Low Energy:** Particularly among the elderly and caregivers, a lack of physical stamina was a consistent theme.
 - **Fear of Injury:** Several respondents, especially elderly and disabled youth, expressed a fear of falling or aggravating an existing condition.
- **2. Economic Constraints**
 - **Lack of Affordability:** Gym memberships, sports equipment, and transportation were cited as unaffordable luxuries.

- No Free Local Alternatives: Many participants wished to engage in structured physical activities but could not find any free or subsidized programs in their area.
- 3. Inaccessible Infrastructure
 - Lack of Adapted Facilities: Few, if any, sports centers in their neighborhoods offered barrier-free access or programs adapted to specific needs.
 - Transportation Problems: Infrequent or inaccessible public transport made it difficult to reach distant venues.
 - Unsafe or Uninviting Public Spaces: Poor lighting, uneven sidewalks, and lack of security discouraged outdoor activity.
- 4. Social and Cultural Barriers
 - Family Responsibilities: Especially among women, domestic and caregiving duties were described as full-time constraints.
 - Social Judgement and Gender Norms: Youth and women expressed fear of being judged, especially when engaging in sports perceived as male-dominated.
 - Lack of Supportive Social Circles: Several participants stated they would participate if they had friends or family to accompany them.
- 5. Low Awareness and Information
 - Lack of Knowledge: Many were unaware of the types of exercises suitable for their condition, or of local programs available.
 - No Exposure to Motivation Tools: They had limited or no access to educational or inspirational resources (e.g., success stories, role models, online programs).
- 6. Psychological Barriers
 - Low Self-Esteem: Some participants said they didn't "feel good enough" or "fit enough" to join a group or class.
 - Fear of Exclusion or Failure: Especially among disabled youth, fear of not keeping up or being stared at was prominent.
 - No Sense of Belonging: The absence of peer encouragement or group identity discouraged sustained participation

3.4.2.4 Recommendations for WP3 from qualitative insights in Türkiye

The findings from these 20 interviews reveal both a strong latent interest in physical activity and clear, recurring barriers that prevent participation. By addressing economic, social, and infrastructural issues in tandem, WP3 of the S4F project can be tailored to meet the nuanced needs of vulnerable individuals in Konya and beyond.

In conclusion, the following strategic recommendations are proposed to address the diverse needs and challenges identified through the qualitative analysis:

- First, it is essential to design inclusive physical activity programs that prioritize accessibility, simplicity, and community relevance. Walking clubs, basic group fitness events, and physiotherapy-informed sessions can serve as foundational formats, allowing participants of all ages and abilities to join without fear of judgment or injury.
- Second, the project must ensure free or subsidized access to sports activities, especially those that were most desired by participants, such as swimming, cycling, and archery. Although interest in these activities was high, financial and infrastructural barriers made them largely

inaccessible. Addressing this gap would significantly enhance participation among vulnerable groups.

- A third recommendation focuses on the support needs of caregivers, particularly women who bear a disproportionate share of domestic responsibilities. Programmes that offer flexible scheduling, on-site childcare, or family-inclusive formats can alleviate this burden and open the door to greater engagement in physical activity.

Moreover, to boost youth engagement, the project should empower disadvantaged youth by showcasing relatable sports role models. Using storytelling and visual media, campaigns can illustrate how others have overcome similar barriers, thereby reinforcing self-belief and motivation among socially excluded or marginalized young people.

Furthermore, it is important to embed emotional and social safety mechanisms into all activities. For individuals with disabilities or youth facing social exclusion, creating "safe zones" both physical and psychological can encourage their participation and help prevent feelings of inadequacy or fear of judgment. A significant insight from the interviews was that many participants did not recognize their local environment as a barrier. This suggests a lack of awareness or low expectations. Therefore, public awareness campaigns should aim to educate individuals on what inclusive, accessible, and supportive environments look like both in physical infrastructure and in social policy.

Finally, due to the low expressed demand for structured learning, educational materials and engagement strategies must be reimaged. Instead of traditional training sessions, the project should adopt visual, narrative, and peer-led approaches that are intuitive, accessible, and culturally resonant. These methods can help participants connect with the content on an emotional level, thus improving both retention and motivation.

To address the multifaceted barriers faced by vulnerable groups in participating in sports activities, the Sport4Future project should prioritize the implementation of low-cost, accessible physical activity programs for Turkish participants. These can include organized walking clubs in safe public parks, physiotherapy-based movement sessions, and open-air exercises that require minimal equipment. Such programs should be designed to accommodate diverse physical capabilities and be free of charge or heavily subsidized. Additionally, there is a pressing need to develop inclusive infrastructure that ensures access for elderly individuals and people with disabilities. Sports facilities must be equipped with ramps, accessible restrooms, and adaptive equipment to encourage safe and dignified participation.

To build sustainable engagement, the project should foster motivation through storytelling by leveraging the power of local role models. Sharing success stories via short videos, posters, or social media can inspire participants who struggle with self-confidence or lack of awareness about the benefits of physical activity. Equally important is the creation of peer support groups, particularly for youth and individuals with disabilities. These groups can reduce social anxiety, build solidarity, and provide the encouragement needed to maintain participation. The project should also provide information in simple and inclusive formats, such as illustrated guides, infographics, and short mobile-friendly videos. These materials will help break down complex health and fitness information into actionable steps for people with varying levels of literacy or cognitive abilities.

Finally, to ensure long-term engagement and equity, it is essential to involve families and communities in the design and scheduling of activities. Family-inclusive programming, childcare support during sessions, and community-based scheduling can alleviate caregiving burdens especially on women and turn physical activity into a shared and supported experience.

In order to create meaningful intervention strategies, we can:



- Use storytelling and visual learning for motivation and guidance.
- Prioritize activities like group walking, dancing, or adaptive stretching that require minimal equipment and are easily accessible.
- Develop family-inclusive or female-only environments in some rural places to ease social and cultural tension.
- Offer micro-grants or transportation vouchers to reduce economic pressure.
- Provide basic, community-level infrastructure upgrades like safe paths and benches

4 CROSS-CUTTING REFLECTIONS AND RECOMMENDATIONS FOR WP3

This chapter draws on findings from the four national contexts to highlight shared patterns, divergences, and key takeaways relevant for the inclusive design of sports and training activities in WP3. It integrates data from both the quantitative and qualitative components of WP2 to ensure that pilot initiatives are tailored to real needs and contextual conditions.

4.1 EMERGING PROFILES OF (IN)ACTIVE PEOPLE: COMPARATIVE INSIGHTS

This section investigates the profiles of inactive and active people across the 4 project countries through an examination of survey data and qualitative findings from interviews and focus groups. The research aims to reveal crucial behaviour patterns and contextual distinctions to establish the basis for developing inclusive pilot actions in WP3.

4.1.1 SOCIO-DEMOGRAPHIC CHARACTERISTICS OF INACTIVE VS. ACTIVE PEOPLE

Survey data reveals that respondents aged 18 to 34 exhibit the highest physical activity levels throughout every nation surveyed. Young people in Türkiye show the highest weekly engagement because they participate in school programmes and organised sports activities. Qualitative interview results show that the level of participation drops dramatically when young people finish school and especially low-income youth and young women because they lack accessible post-education programmes or face financial difficulties.

Although, senior citizens (older age groups) seem to have different attitudes and behaviours towards physical activity, it must be stressed that overall conditions/settings across countries, coupled with the absence of targeted programmes, obstacles the full potential of activity for this age group. Senior associations that provide gentle physical activities exist in Slovenia, but the accessibility of these programmes remains uneven between urban centres and rural territories.

Most respondents across the 4 countries show equivalent self-reported participation rates between men and women but the qualitative findings demonstrate gender-based obstacles:

- Italian breast cancer survivors interviewed through ANDOS describe physical along with psychological obstacles to physical activity after treatment because of pain combined with fear and insufficient appropriate programmes.
- In Türkiye, cultural expectations limit women's access to mixed-gender sports facilities. Women report preferring private or women-only environments, which are often unaffordable or unavailable.
- People with disabilities across the different countries point out the absence of inclusive measures during their consultations. The interview participants explained that the absence of suitable facilities and trained staff and public understanding about adapted sports stands as a major issue. As one interviewee from Türkiye noted: "I want to be active, but I always need someone to help me access the facility."

4.1.2 CROSS-COUNTRY DIFFERENCES IN PHYSICAL ACTIVITY HABITS

Survey data confirms divergent national baselines:

- Slovenia demonstrates the highest rate of regular exercise, as more than 60% of its population exercises 3 times per week. This is consistent with the country's longstanding investment in school sports and outdoor recreation infrastructure.

- The youth population in Türkiye shows high participation levels through school activities but adults, especially women and lower-income groups, show minimal activity rates. The research findings show that transportation expenses together with time limitations and social expectations act as major barriers for people to participate in physical activities.
- Greece presents a mixed picture, with many respondents engaging occasionally (1–2 times per week), but around 15% declaring they never engage. Public areas are perceived as unsafe and poorly maintained.
- The Italian respondents show average physical activity levels as about 20% of respondents indicate they are mostly inactive. The interview data indicates that people face both motivational challenges and insufficient local recreational facilities, particularly in smaller towns, as the main reasons for their inactivity.

4.1.3 IMPLICATIONS FOR WP3 DESIGN

The combined findings demonstrate why pilot actions need to be specifically designed for accessibility and inclusion:

- The actions for older adults need to use low-impact socially engaging formats which address both physical needs and motivational needs.
- Youth programmes need to maintain their continuity after school years by providing affordable structured options that extend into adulthood.
- The implementation of gender-sensitive approaches requires safe and culturally appropriate spaces.
- The reduction of structural exclusion requires essential partnerships with disability organisations and instructor training programmes.

The key to reducing systemic inequalities in participation will be improving transport access and facility distribution particularly in peripheral areas.

4.2 COMMON AND COUNTRY-SPECIFIC MOTIVATIONS AND CONSTRAINTS

This section explores the main drivers and obstacles influencing participation in physical activity across the four project countries. Drawing on the survey data and qualitative findings, it identifies shared patterns and national specificities, offering a nuanced understanding of what motivates or discourages people from being active.

4.2.1 KEY MOTIVATIONS TO ENGAGE IN PHYSICAL ACTIVITY

Across all countries, the most reported motivators for increasing physical activity include:

- Availability of sport facilities nearby.
- Better access to free or affordable options.
- Structured training programmes that provide routine and guidance.
- Social encouragement from friends or family.
- Greater awareness of health benefits.

The survey data supports these patterns. The survey results show that more than 40% of respondents in Türkiye and Italy chose “better access to free/affordable sport facilities” as their preferred motivator. The Slovenian and Greek respondents selected “social encouragement” and “structured programmes” as two of their top three motivating factors.

The qualitative research results support the existing patterns.

The Italian representatives from inclusive sport associations explained during interviews that people with disabilities or chronic conditions need structured activities to participate. The Slovenian elderly women explained that their motivation stems from social interaction and having someone to accompany them. The Turkish interviewees including young people and migrants stressed the need for accessible welcoming spaces because inclusive facilities help people feel more confident and participate more actively.

Turkish data confirms a strong interest in structured, beginner-friendly programmes, particularly among women, migrants, and adults returning to physical activity after long breaks. The survey participants showed interest in programmes that are culturally appropriate, easy to understand and non-competitive so WP3 pilots could focus on creating inclusive entry points and building trust with new participants.

4.2.2 SHARED BARRIERS TO PHYSICAL ACTIVITY

Survey respondents reported a consistent set of barriers across the four countries:

- Lack of time, especially among working-age adults.
- Financial constraints, including the cost of transportation or enrolment fees.
- Health-related limitations, particularly among elderly or chronically ill individuals.
- Lack of suitable facilities nearby.
- Low personal motivation or interest.

The survey results from Türkiye showed that financial problems were the main challenge for nearly half of the participants who also shared these concerns during qualitative interviews (around transportation expenses and insufficient free alternatives). The Italian population faced two major challenges because middle-aged adults needed to balance their work responsibilities with caregiving duties, and they experienced both time constraints and low motivation levels. Italian interviewees expressed their disappointment about the absence of disability-friendly and illness-specific programmes for people who need recovery support.

People living in rural or peri-urban areas demonstrated lower activity levels than residents of urban areas according to survey results. The barriers to physical activity in these areas included inadequate lighting and dangerous or unreachable walking paths and insufficient gender-separated facilities which were particularly important for women because of cultural norms. The place-based limitations enhance both financial and social challenges which increase the chances of inactivity among rural people who are already at risk.

The focus group discussion with elderly women in Slovenia revealed that physical and mental health problems served as major obstacles. The participants expressed two main concerns about their safety and their fear of injuries as well as their lack of routine activities that match their speed.

The survey results from Greece indicate similar patterns to the other countries with motivation levels and infrastructure accessibility being major concerns.

4.2.3 COUNTRY-SPECIFIC PATTERNS AND PRIORITIES

While many barriers and motivations are shared, several distinctive elements emerged at national level:

- Italy: Respondents placed more emphasis on mental well-being and socialisation as motivating factors. Interviewees involved in Baskin (inclusive basketball) and cancer recovery sport programmes underscored the importance of structured, flexible, and emotionally safe environments.
- Türkiye: The data reveal acute financial and geographical inequalities in access to sport. Interviews highlighted the lack of facilities in low-income or peri-urban neighbourhoods and the government's overemphasis on football to the exclusion of other sports. Motivation is present but hindered by practical barriers.

- Slovenia: While overall barriers align with common trends, the qualitative data offer specific insights from elderly women, who pointed to the absence of age-appropriate options, and a general hesitation about initiating new habits alone.
- Greece: The survey data suggest stronger-than-average interest in social encouragement and structured programming. The absence of qualitative insights limits deeper understanding, but the findings suggest that social infrastructure and cultural factors may play a more prominent role.

4.2.4 IMPLICATIONS FOR WP3 DESIGN

The identified motivations and constraints across countries demonstrate the need to create WP3 pilot actions that are accessible, flexible and inclusive.

The selection of venues and partnerships for the pilot actions should be based on affordability and proximity especially in Türkiye where transport and cost are major barriers.

The structured programmes with clear routines and supportive trainers are crucial for fostering participation particularly for those who have low motivation or limited previous experience. The social dynamics should be utilised to enhance participation through group-based activities and peer motivation and family-friendly formats.

WP3 should prioritise local adaptation by offering different formats and messages to address national and cultural differences in motivational drivers. These insights should be integrated to ensure that the interventions are relevant and engaging and capable of reaching those who are typically left out.

4.3 BARRIERS AND ENABLERS FOR VULNERABLE GROUPS

The Sports4Fun (S4F) research aimed to deepen the understanding of how various vulnerable groups engage with health-enhancing physical activity (HEPA) across the four partner countries. Drawing on survey data and targeted qualitative investigations, this section explores the key barriers and enablers that shape participation in sport and physical activity for the following groups: women and girls, elderly individuals, migrants, people with disabilities, and low-income communities.

4.3.1 WOMEN AND GIRLS

The survey data demonstrates that women participate in physical activities at lower rates than men do in all surveyed countries. Women in the survey selected lack of time and household duties along with low motivation as their main obstacles for physical activity. Traditional gender norms in combination with the scarcity of safe female-only sports facilities restricted women's sports participation in Italy and Türkiye.

The survey data illustrate that women have shown interest in group physical activities that provide stress relief and mental wellness benefits while offering social opportunities. The focus group recommendations identified community-based low-cost physical activities which should match women's needs and schedules.

4.3.2 ELDERLY INDIVIDUALS

Physical limitations are common among older participants but social isolation and environments that are not age-friendly proved to be more significant obstacles according to qualitative data. Survey findings demonstrated that older adults possess strong knowledge of health advantages yet their mobility issues and concerns about getting hurt and lack of convenient transportation stop them from participating.

Older people in Slovenia and Türkiye mentioned that peer support alongside community activities functioned as essential motivators for them. Local initiatives that provide light exercises or walking groups for seniors received positive reactions from survey participants. These types of programs were not universally accessible throughout the different countries.

4.3.3 MIGRANTS AND ETHNIC MINORITIES

Migrants showed lower physical activity levels because they faced language barriers and restricted access to suitable programs and their limited economic resources. Foreign participants most often pointed to cost and nearby facility availability as their main challenges. Qualitative interviews with Italian and Turkish participants demonstrated that bureaucratic challenges and unclear rules for free public facility access contributed to the problem. Migrant women emphasised that they need safe welcoming spaces and inclusive communication approaches which include multilingual materials.

4.3.4 PERSONS WITH DISABILITIES

The group encountered among the most severe structural obstacles which blocked their participation. Survey data indicates that disability respondents identified inaccessible facilities and insufficient proper guidance together with a lack of adapted programs as their main reasons for not participating in physical activities.

Italian and Slovenian qualitative data indicated that inclusive training for sports staff combined with partnerships between organizations and transportation assistance proved essential for enabling participation. The visibility of sports role models with disabilities according to participants could help increase participation rates.

The survey data from Türkiye demonstrates that persons with disabilities are less likely to be aware of existing facilities or services for adapted physical activity. The absence of awareness combined with physical obstacles demonstrates why proactive outreach and communication must be implemented in WP3.

In Greece, the interviews with parents/families of children/youngsters with disabilities, indicating the need of further support to caregivers in terms of availability of information, including practical knowledge on home exercises, nutrition, motivation strategies, and inclusive rights.

4.3.5 LOW-INCOME GROUPS

Economic barriers were a consistent theme in both surveys and interviews. Individuals from lower socio-economic backgrounds reported lack of time, cost of sports activities, and transport difficulties as main obstacles. This was particularly evident in Greece and Türkiye, where austerity measures and geographical inaccessibility were also flagged.

Enablers included free community events, school-based initiatives, and partnerships with NGOs. In Italy, some interviewees suggested the need for voucher schemes or subsidised programmes targeting low-income individuals.

4.4 RECOMMENDATIONS FOR INCLUSIVE PILOT DESIGN IN WP3

Building on previous sections, and the overall the comparative findings across the four partner countries and guided by the WP3 objective to design, test, and evaluate inclusive, community-based physical activity interventions, this section outlines practical and strategic recommendations. These aim to inform the co-design, content selection, format development, and localisation of WP3 pilots, ensuring that they are aligned with the needs, barriers, and motivators identified in WP2.

4.4.1 TARGETING: PRIORITISATION OF GROUPS AND PROFILES

WP2 results consistently highlight the following priority groups, due to their heightened barriers and lower engagement rates:

- Elderly persons, particularly women, citing health limitations and social isolation.
- Women and girls, especially from migrant backgrounds, facing socio-cultural barriers and lack of time.
- Persons with disabilities, reporting structural exclusion and lack of inclusive staff or spaces.
- Low-income individuals, affected by costs, transport, and limited programme availability.
- Migrant communities, particularly in Italy and Türkiye, who need culturally sensitive and linguistically adapted activities.

Recommendation 1: WP3 pilot sites should identify which of these groups are present and underserved locally and involve them actively in co-design workshops.

4.4.2 CONTENT: KEY THEMES AND ACTIVITY PRIORITIES

Survey and interview data indicate strong interest in the following themes, which are especially relevant to vulnerable groups:

- Low-cost or free physical activities (e.g. walking groups, light aerobics, adapted dance)
- Mental health and well-being, particularly for women, cancer survivors, and elderly participants
- Social connection and peer motivation, seen as key motivators across all countries
- Empowerment through movement, such as inclusive team sports (e.g. Baskin) or programmes focused on body confidence

Recommendation 2: WP3 activities should blend physical and psycho-social goals. Pilots should explore partnerships with health associations or mental health professionals to enrich the content.

4.4.3 FORMAT: DELIVERY MODELS AND DESIGN FEATURES

Insights from WP2 suggest a preference for formats that are:

- Small group based, to build trust and social ties (particularly effective for women, elderly, and migrants)
- Gender-sensitive, with options for women-only sessions or female instructors in contexts like Türkiye and Italy
- Flexible in timing and location, allowing participants with care duties or mobility issues to attend
- Facilitated by trained professionals, preferably with experience in inclusive methods (e.g. for working with disabilities or trauma-informed approaches)

Recommendation 3: WP3 pilot sites should define session formats with input from end users and test different models to evaluate reach and engagement (e.g. community gyms vs. school-based settings).

4.4.4 CONTEXTUAL ADAPTATION: COUNTRY-SPECIFIC TIPS

Drawing from national findings, the following adaptation pointers are suggested:

- Italy: Focus on emotional safety, recovery (e.g. post-illness), and intergenerational activities. Leverage civil society and inclusive sport networks.
- Türkiye: Address financial/geographic barriers via transport support and community-based delivery; prioritise women-only safe spaces and mixed-programme visibility.
- Slovenia: Build on existing public infrastructure but target rural and elderly participants; integrate gentle exercise formats.

- Greece: Focus on revitalising local infrastructure and building social routines; engage schools and family structures to boost motivation.

Recommendation 4: Local WP3 teams should use these insights to define outreach strategies, select venues, and design communications.

4.4.5 OPERATIONALISING WP2 DATA IN WP3

WP2 findings offer a clear evidence base for pilot co-design and monitoring:

- Use the survey profiles (age, gender, socio-economic status, activity levels) to select focus groups and monitor participation equity.
- Draw on the qualitative insights for adapting messaging, tone, and programme relevance.
- Use the list of barriers and motivators as a checklist to guide local adaptations and to track whether pilots address key gaps.

Recommendation 5: WP3 teams should use a WP2-to-WP3 mapping tool (e.g. a checklist or worksheet) to ensure that pilot design decisions directly reflect research findings. An example is provided as an annex to this report (Annex 7.4)

5 CONCLUSIONS AND NEXT STEPS

This chapter synthesises the main achievements and findings of WP2, highlighting their relevance for the Sports4Fun project as a whole. It reflects on the participatory and mixed-methods approach adopted throughout the research, outlines key takeaways for the inclusive design of WP3 pilot actions, and introduces tools and recommendations that will also support WP4 evaluation.

5.1 SYNTHESIS OF WP2 PROCESS AND INSIGHTS

WP2 implemented a research design which combined quantitative surveys with qualitative interviews and focus groups to achieve a participatory and country-sensitive approach. The research design enabled the project to:

- Detect widespread physical activity participation patterns in four countries.
- Reveal essential motivational elements and organisational obstacles which affect physical activity participation.
- Examine particular requirements of vulnerable populations including women, elderly people, migrants, low-income communities and persons with disabilities.
- Produce evidence-based recommendations which will guide pilot design and contextual adaptation.

The national reports together with comparative analysis in Chapters 1–4 produced a detailed understanding of physical activity patterns and their related inequalities and enabling factors. The detailed data collection will guide future actions in WP3 and WP4.

5.2 GUIDING WP3 IMPLEMENTATION: FROM RESEARCH TO CO-DESIGN

WP3 marks the essential next stage of project work through which pilot actions receive co-design and testing within each nation. The research findings from WP2 create an excellent analytical and empirical basis for this project phase. The essential programme principles for this project include:

- The pilots should use culturally appropriate methods to serve underrepresented groups and vulnerable populations.
- The programme design must base itself on unique elements that exist at both national and local levels including geographical characteristics and infrastructure deficiencies and social relationships.
- The user involvement in WP3 activities should continue the participatory approach from WP2 while enhancing user ownership.

The Italian WP3 activities need to address time-related obstacles as well as low motivation levels and untailored programmes which affect older adults along with women recovering from illness and people with low income. The programme should use community partnerships along with adaptable programme designs to achieve wider participation and long-term success.

The Greek pilot programme needs to revitalise underutilised public areas and implement structured programmes with defined scheduling. The study reveals that peer relationships along with community involvement show promise but the infrastructure along with social backing must be strengthened.

In Slovenia WP3 could focus on creating age-friendly and gender-sensitive programmes that focus on older women and disabled individuals. The outreach efforts for this project should engage with local associations and senior groups to maintain equal opportunities between rural and urban areas.

The WP3 pilot activities in Türkiye could handle the extensive regional inequalities which are most pronounced in rural and peri-urban areas. Women together with low-income adults and migrants face multiple obstacles stemming from cost factors and transportation difficulties as well as cultural expectations. Local stakeholders including schools and NGOs could participate in the co-design process to remove obstacles like language barriers and accessibility issues and financial costs that prevent people from participating.

A practical tool, the Needs-Based Co-Design Matrix (Annex 7.4), has been developed to help with this transition. The tool identifies key barriers and enabling factors and needs for different populations across nations while providing specific recommendations for program design elements like format structure outreach strategies and partner organization selection.

The matrix functions as a planning tool and monitoring tool for WP3 throughout its duration.

5.3 CONCLUSIONS

The evidence base from WP2 demonstrates both general sport participation issues and specific local characteristics across project countries. The evidence base and tools and recommendations from WP2 serve two purposes: they will support WP3 implementation, and they will help Sports4Fun achieve its mission to develop inclusive physical activity opportunities that meet community needs.

The project moves into its most action-oriented phase after WP3 begins its operations. The transition from insight to impact depends on the effective integration of WP2's findings into real-world interventions and on the continued collaboration and creativity of all project partners.

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7 ANNEXES

Supporting documents developed in WP2 to be referenced as methodological and operational resources.

7.1 SURVEY- QUESTIONNAIRE STANDARD

This section illustrates the standards questionnaire used for the quantitative data collection across the project countries.

7.1.1 ABOUT THE RESEARCH

This survey is conducted as part of the Sports 4 Fun (S4F) project, an Erasmus+ Sport initiative (Project 101183903), aimed at promoting health-enhancing physical activity (HEPA) and understanding public perceptions, barriers, and motivators related to a healthy lifestyle. The findings will support the development of inclusive workshops, training programs, and sports activities across Italy, Greece, Slovenia, and Türkiye.

For more information on the project visit us at: website link: <https://www.sports4funproject.com/>

7.1.2 PRIVACY INFORMATION SHEET AND CONSENT FORM (IN COMPLIANCE WITH GDPR)

Voluntary participation

Your participation in this survey is entirely voluntary. You may choose not to participate or stop participating at any time without any consequences. Each question allows you to select "Not Applicable" if you prefer not to answer.

Duration

Completing this questionnaire is expected to take approximately 15 minutes.

Data Privacy

- Data storage: Your responses will be kept confidential and securely stored throughout the project duration.
- Personal data: No personal data that can identify you will be collected.
- Data usage: Responses will be analysed in aggregate form and may be published to support the project's objectives but will not include any identifiable information.
- Data rights: You have the right to access, rectify, or request deletion of any personal information provided and to object to data processing.
- Data protection authority: For any concerns about your data rights, please contact the Data Protection Officer.

Contact information

For further queries regarding this survey or data handling:

Contact: S4F Project Responsible partner

E-mail:

Consent

By selecting "Yes, I agree to participate," you acknowledge that:

- You have read and understood this consent form.
- You are at least 18 years old.
- You agree voluntarily to participate in this survey.

☐ Yes, I agree to participate

☐ No, I do not agree to participate

7.1.3 SURVEY STRUCTURE

SECTION 1 – About you

Q1. What is your age group?

- ☐ 18-24
- ☐ 25-34
- ☐ 35-44
- ☐ 45-54
- ☐ 55+
- ☐ Prefer not to say

Q2. What is your gender?

- ☐ Male
- ☐ Female
- ☐ Non-binary
- ☐ Other
- ☐ Prefer not to say

Q3. What is your employment situation?

- ☐ Student
- ☐ Occupied
- ☐ Unoccupied, not working
- ☐ Retired
- ☐ Prefer not to say

Q4. Where do you live?

- ☐ In the city
 - ☐ In the suburbs
 - ☐ In the countryside
 - ☐ Other (please specify)
-



SECTION 2 - Physical activity and healthy lifestyle

Q5. How often do you engage in physical activity (such as walking, running, swimming, cycling, dancing, or even household chores, as long as they elevate your heart rate and engage your muscles)

- ☐ Never
- ☐ Less than once a month
- ☐ 1-2 times per month
- ☐ 1-2 times per week
- ☐ 3-4 times per week
- ☐ 5+ times per week
- ☐ I don't know

Q6. What are the reasons you do not exercise more frequently? (Select the reasons that represent your situation)

- ☐ Lack of time
- ☐ Financial constraints
- ☐ Lack of motivation
- ☐ No suitable facilities nearby
- ☐ Health conditions
- ☐ Other (please specify) _____

Q7. What would motivate you to be more physically active? (Select the reasons that represent your possible motivations)

- ☐ Wider availability and/or proximity of sport facilities
- ☐ Better access to free/affordable sports facilities
- ☐ More social encouragement from family/friends
- ☐ Better knowledge of health benefits
- ☐ Availability of structured training programs
- ☐ Other (please specify) _____

Q8. How aware are you of the health benefits of regular physical activity?

- ☐ Very aware
- ☐ Somewhat aware
- ☐ Neutral
- ☐ Not very aware
- ☐ Not aware at all

Q9. Have you ever been advised by a doctor or health professional to increase your physical activity?

- ☐ Yes, and I follow the advice.
- ☐ Yes, but I do not follow the advice.
- ☐ No, I have never received such advice.

Q10. Do you think the environment in your area supports an active lifestyle (e.g., safe parks, sports facilities, walkable streets., cycle paths)?

- ☐ Yes, fully
- ☐ Somewhat, but improvements are needed
- ☐ No, my area lacks facilities for physical activity

- ☐ No, my area has facilities, but is not safe
- ☐ Other (please specify) _____

Q11. Which topics related to a healthy lifestyle would you like to learn more about?

(Select the topics for future training sessions)

- ☐ Physical activity benefits & training methods
- ☐ Healthy eating & nutrition
- ☐ Stress management & mental health
- ☐ How to integrate an active lifestyle into a busy schedule
- ☐ Other (please specify) _____

7.2 GUIDELINES FOR QUANTITATIVE DATA COLLECTION FOR PARTNERS

7.2.1 SURVEY DISSEMINATION GUIDELINES

SUPPORTING THE COLLECTION OF RESPONSES FOR THE S4F SURVEY

7.2.2 INTRODUCTION

7.2.2.1 The survey

This survey is part of the Sports 4 Fun (S4F) project, an Erasmus+ Sport initiative (Project 101183903) aimed at promoting health-enhancing physical activity (HEPA) and understanding public perceptions, barriers, and motivators related to a healthy lifestyle.

The survey is a key component of Work Package 2 (WP2) and is designed to establish a baseline of public attitudes toward sports and physical activity. The findings will directly contribute to Work Package 3 (WP3) by informing the design of inclusive workshops, training programs, and sports initiatives tailored to the needs of different communities.

Each project partner is responsible for disseminating the survey in their country (Italy, Slovenia, Greece, Türkiye) to reach at least 400 responses per country, ensuring a diverse and representative sample.

7.2.2.2 The guidelines – aims and structure

These guidelines aim to support project partners in identifying the most efficient and suitable strategies for survey dissemination in their respective countries. The goal is to ensure broad participation while also capturing relevant perspectives across different demographic and social groups.

The guidelines are structured as follows:

- Section 2.1 – Target Groups: defines key audiences for survey dissemination.
- Section 2.2 – Language & Format: explains survey accessibility, format, and available dissemination tools.
- Section 2.3 – Data Collection: outlines responsibilities, collection methods, and best practices.
- Section 2.4 – Monitoring: describes how progress will be tracked.
- Section 2.5 – Timeframe: provides an overview of the survey administration period.

7.2.3 SURVEY DISSEMINATION

7.2.3.1 Target groups

The survey is aimed at the general public but should also ensure participation from key target groups identified in the project grant agreement.

These include:

- Youth and students (e.g., university students, young professionals)
- Women and girls (ensuring gender balance in participation)
- Elderly individuals (to understand intergenerational needs in sports participation)
- People with disabilities (ensuring inclusivity in sports access)
- Migrants and minority groups (to reflect social and cultural diversity)
- Low-income groups (to assess economic barriers to sports participation)

Each partner should strive for a balanced representation across these categories.

7.2.3.2 Language & format

- The survey is hosted on the SurveyMonkey platform (ISIG account; EU-based data center) and is available in the four project languages (Italian, Greek, Slovenian, Turkish) as well as in English.
- Each partner has a dedicated survey link and QR code for easy access in their respective language.
- A printable PDF version of the survey is available upon request to facilitate offline data collection. In this case, partners must manually input responses into the SurveyMonkey platform to maintain a single, centralized database.

7.2.3.3 Data collection

WHO COLLECTS RESPONSES?

Each project partner is responsible for promoting and disseminating the survey within their country.

HOW TO COLLECT RESPONSES?

Online Collection (Primary Method)

- Share the survey link (language-specific) through relevant mailing lists.
- Disseminate the survey through local stakeholders, networks, and partner organizations, asking for their support in further distribution.
- Publish the survey link on the project website (pending confirmation from the web team).
- Publish the survey on institutional websites, social media channels, and community platforms.
- Consider launching a social media campaign (e.g., Facebook, Instagram, LinkedIn) to boost outreach and engagement. The costs for targeted ads or sponsored posts can be covered using the WP2 budget allocated in each country. Partners are encouraged to assess the feasibility of this option with the coordinator and their financial departments and implement targeted campaigns where relevant.

Offline Collection (Print Version on Request)

- Make hard copies available at key locations such as associations, info-points, public institutions, and community centres.
- Organize dedicated data collection moments, integrating the survey into existing events such as:
 - University open days
 - Community and sports association events

- Local fairs or public awareness campaigns

Important: All paper responses must be manually entered into the SurveyMonkey platform to maintain data consistency and enable centralized monitoring.

HOW MANY RESPONSES?

The target is 400 responses per country.

Aim for a balanced demographic representation across:

- Gender
- Age groups
- Education levels
- Employment status

Ensure representation of diverse community contexts, including vulnerable and underrepresented groups.

7.2.4 MONITORING

- ISIG will provide regular updates on data collection progress, highlighting response rates per country.
- Partners may receive additional guidance to adjust dissemination efforts if response targets are not being met.

7.2.5 TIMEFRAME

- Survey launch: End of March 2025
- Survey closing: Beginning of May 2025
- Final report submission: June 2025

7.2.6 2.6 LINKS AND QR CODES

Country	Link	QR Code
Italy	https://it.eu.surveymonkey.com/r/S4FUN_IT	
Greece	https://eu.surveymonkey.com/r/S4FUN_gr	
Slovenia	https://eu.surveymonkey.com/r/S4FUN_SI	
Türkiye	https://tr.eu.surveymonkey.com/r/S4FUN_TR	

7.3 GUIDELINES FOR QUALITATIVE DATA COLLECTION FOR PARTNERS

7.3.1 PURPOSE OF THE ACTIVITY

- The qualitative data collection aims to complement the ongoing online survey and focuses on gaining deeper insights from vulnerable groups identified in each country (e.g. elderly persons, migrants, people with disabilities, low-income individuals, women, or children with special needs).
- The goal is to ensure that the design of Work Package 3 (WP3) activities (such as inclusive workshops and training modules) is grounded in experiences, challenges, and needs of these groups regarding Health-Enhancing Physical Activity (HEPA).
- Findings will feed into the WP2 final deliverable (due by end of June 2025).

7.3.2 WHAT EACH PARTNER SHOULD DO

Each partner is invited to:

- Select one or more vulnerable groups based on their context and expertise (prioritisation among groups already identified in the proposal phase).
- Organise at least 1 Focus Group or a series of Interviews (depending on feasibility) in May–June 2025.
- Aim for 5–10 participants per session.
- Collaborate with relevant stakeholders (e.g. NGOs, associations, local authorities, educators) who can facilitate access to participants and provide valuable context.
- Ensure GDPR compliance: a dedicated privacy disclaimer must be prepared and shared with participants. ISIG will provide a standard version, to be then adapted by each partner with the details of the activity/meeting.

7.3.3 SUGGESTIONS FOR DESIGNING AND IMPLEMENTING THE MEETINGS

7.3.3.1 Choosing the format

- Focus groups or Group interviews: ideal for shared discussion when participants are comfortable speaking in a group.
- In-Depth Interviews: suitable for sensitive topics or where more confidentiality is needed. Or in case the interviewee is an “expert” providing in-depth, specialized insights

7.3.3.2 Working with stakeholders

Stakeholders (e.g. social workers, teachers, group leaders) are vital in:

- Identifying and inviting participants.
- Providing context or logistical support.
- Contributing reflections that help shape WP3 activities.

7.3.3.3 Recruitment and preparation

The following suggestions are provided:

- Use local networks and associations.
- Offer a comfortable, accessible setting and adapt timing to participants' needs.
- Inform participants of the purpose and voluntary nature of the activity.
- Use simple language, printed versions of questions if helpful.
- Assign a moderator and note-taker.
- Evaluate the possibility of recording

7.3.3.4 During the meeting

- Start with warm-up and introduction.
- Collect signed privacy disclaimers and, if the case, permission to record
- Follow the suggested script as a flexible guide.
- Respect participants' pace and comfort.
- Encourage input from all without pressure.
- Duration: 45–90 minutes.

7.3.3.5 After the meeting

- Document key insights while still fresh.
- Use recordings only with explicit consent.
- Maintain anonymity in all reporting.
- Include direct quotes where useful (anonymised).

7.3.4 SUGGESTED SCRIPT FOR FOCUS GROUP / INTERVIEW

Participant Profile – Collect information about demographic info: age group, gender, area of residence, relevant context (e.g. migrant, disability status).

Topics for discussion

1. Physical activity habits

- What physical activities do you currently practice?
- How often?
- What benefits do you experience? (physical, mental, social)
- What difficulties do you face?

2. Barriers and shortcomings

- What makes it difficult to engage in physical activity?
- Are there specific local issues (e.g. unsafe paths, no facilities, lack of support staff)?

3. Desires and Needs

- Are there other activities you would like to try?
- Why aren't you already practicing them?
- What would help make them possible?

4. Motivations and Expectations

- What motivates you to be active?
- What do you hope to gain from it?
- Any worries or potential risks?

5. Learning Needs

- Are there things you'd like to learn more about? (e.g. nutrition, training methods, mental health, managing chronic conditions)

7.3.5 REPORTING TEMPLATE

S4F WP2 – Qualitative Meeting Summary

Submit to ISIG by latest 15th June 2025

1. Partner Country: (e.g. Italy, Greece)
2. Date & Location: (e.g. 14 May 2025 – Community Centre, Ljubljana)
3. Format:
 - Focus Group
 - Interviews
 - Mixed
 - Other
4. Target Group Description:
 - Group type (e.g. elderly women, migrants with disabilities)
 - Number of participants
 - Stakeholders involved and their contribution (e.g. selecting the target group, participating into the meeting, giving support to the implementation)
5. Key Discussion Points:
 - Activities practiced and benefits
 - Barriers and unmet needs
 - Desired activities and enabling conditions
 - Motivators and expectations
 - Topics of interest for further learning
6. Recommendations for WP3:
 - Training priorities
 - Suggestions for inclusive workshops
7. Additional Notes:
 - Quotes (anonymous)
 - Observations or challenges in implementation

7.3.6 INFORMED CONSENT FORM – STANDARD TEMPLATE

For Participation in Interviews and Focus Groups – S4F Project (Erasmus+)

Purpose of the Activity

This activity is part of the European project Sport 4 Fun (S4F), which promotes inclusive access to Health-Enhancing Physical Activity (HEPA). The objective is to gather experiences and needs of vulnerable groups through interviews and focus groups. Insights will be used to design more inclusive workshops and training materials.

Who is responsible for data processing?

Name, address and e-mail address of organization

What data will be collected?

We will collect basic demographic data (e.g., age group, gender, relevant background such as migrant or disability status) and opinions shared during the session. Participation is voluntary and you may refuse to answer any question.

How will data be used?

All information will be anonymised and used only for research purposes within the S4F project. No personal identifiers will appear in reports. Data may be used to prepare summary reports, training materials, and recommendations for inclusive HEPA practices.

Legal basis for processing

Your participation is based on your freely given, specific, informed, and unambiguous consent (Art. 6(1)(a) GDPR).

How long will data be kept?

Data will be kept only as long as necessary for the project, and in any case not beyond 31 December 2027. After that, all identifiable data will be securely deleted.

Will the session be recorded?

Audio recordings may be used for transcription purposes only with your explicit consent. You may choose not to be recorded and still participate.

Your rights

You have the right to access, rectify, or erase your data, to object to its processing, and to withdraw consent at any time. To exercise your rights, contact: privacy@isig.it. You may also contact the Italian Data Protection Authority: protocollo@gpdp.it

- ☐ **I consent** to participate in the interview/focus group organised as part of the S4F project.
☐ **I consent** to audio recording of the session for research purposes (optional).

Name:

Organisation (if any):

Email:

Signature: _____ **Date:** _____

7.4 NEEDS-BASED CO-DESIGN MATRIX FOR WP3

Vulnerable Group	Main Barriers	Enablers / Needs	Design Suggestions for WP3
Women and Girls	Lack of time; cultural norms; lack of female-only spaces; low motivation	Group-based activities; mental health benefits; flexible timing; safe spaces	Design women-only or gender-sensitive sessions; involve female facilitators; provide flexible scheduling
Elderly Individuals	Physical limitations; social isolation; lack of age-appropriate activities; mobility issues	Community-based events; light and social exercises; peer support	Offer low-intensity, social activities; ensure venues are accessible and welcoming for older adults
Migrants and Ethnic Minorities	Language and cultural barriers; economic constraints; unclear access rules	Inclusive communication; culturally adapted spaces; NGO and local support	Use multilingual materials; engage cultural mediators; provide information through trusted networks
Persons with Disabilities	Inaccessible facilities; lack of trained staff; absence of adapted programmes	Trained staff; transport assistance; inclusive promotion; partnerships with disability orgs	Train coaches on adaptive sport; partner with local disability associations; ensure facility accessibility
Low-Income Groups	Cost of activities and transport; lack of time; limited public infrastructure	Free/low-cost options; school/NGO partnerships; voucher schemes	Plan activities in accessible, low-cost venues; offer subsidies or community-supported initiatives





Sports 4 Fun is an international project that aims to encourage individuals to adopt a healthy lifestyle through an innovative approach to physical activity. Conducted with four partners from different European countries, this project focuses on developing interactive workshops and a sustainable structure for sports events to foster comprehensive community participation. Our initiative promotes social inclusion by engaging people of all ages, disadvantaged individuals, migrants, and people with disabilities.

WWW.SPORTS4FUNPROJECT.COM



**Co-funded by
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